0685

hours ofter

in by the funeral be filed within 72

filled a

completely f

Pages

pleos uriol,

ă

burial-transit per Mental Hygiene After this certificate

00 or Item

MEDICAL

perfugu

_		FOR
1	-	STATE
		DECISTRAD

Wash., D.C.

10 CITY OR TOWN OF DEATH

USA

NAME OF HOSPITAL, NURSING HOME

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

# STATE OF MARYLAND

	0	5 4	3	5
,		5, 10		

126 KIND OF BUSINESS OR

Landover, Maryland

INDUSTRY

RINCE GEORGES

TYPE OF WORK FOR MOST OF WORKING LIFE

1 - STATE REGISTRAR		DEPARI	CERTIFICATE OF DEATH	REG NO		
DECEASED NAME	FIRST	MIDDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(4 PE CAPRINT)	JEAN	D	ADAMS	10	1-87	950A
3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR	IF INCER THE
Female		Black	Dec. 5, 1937	4.9 YRS	MONTH BAYS	HOUR MIN
To BIRTHPLACE ISTATE O	R FOREIGN	Th CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

DIVORCED [

WIDOWAXX

None NOON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 130 STATE 13d INSIDE CITY LIMITS? Maryland PG Temple Hill Keith Stree SES X NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE LAST James Ray Ruth Ellen Lee 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO IYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Angela Curry-niece-5018 57th Ave 46 3633 ne ETWEEN CHART PATERY AS 18 CAUSE OF DEATH (Enter only one cause per line for ia), ib and is PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PER		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES NO	YES	NO 🗌
21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDIC ALEXAMINER]	LIGHT AND MONITH DAY YEAR	INJURY OCCURRED	D (ENTER NATURE OF INJUR	TY IN ITEM 8 PART OR PART 7	16.
21d INJURY OCCURRED  WHILE NO! WHILE I	21e PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM ETC.) 211 LOCA STR	ATION REET	CITY OR TOV	VN (OUNTY	TATE
220 I certify that (1) this hospital	attended the deceased from	19 10	ath accurred on the do	19 0	that I we I

above, (11) we (did (did not view the body after death

226 SIGNATURI DEGREE STAFF ATTENDING MEDICAL

DIRECTOR PHYSICIAN PHYSICIAN THE ADDRESS

Da IN		MD	Cu m	- VN
BURIAL, CREMATION, REMOVAL	236 DATE	JA: NAME OF CH	EMETERY OR CREMATORY	d LOCATION
Burial ()	Oct	7/987 Har	mony Memoria	1. Park

Burial BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO 250 DATE REC D

Road Stewar

DHMH 16 60M 7 B4 (VRA 15, 4)

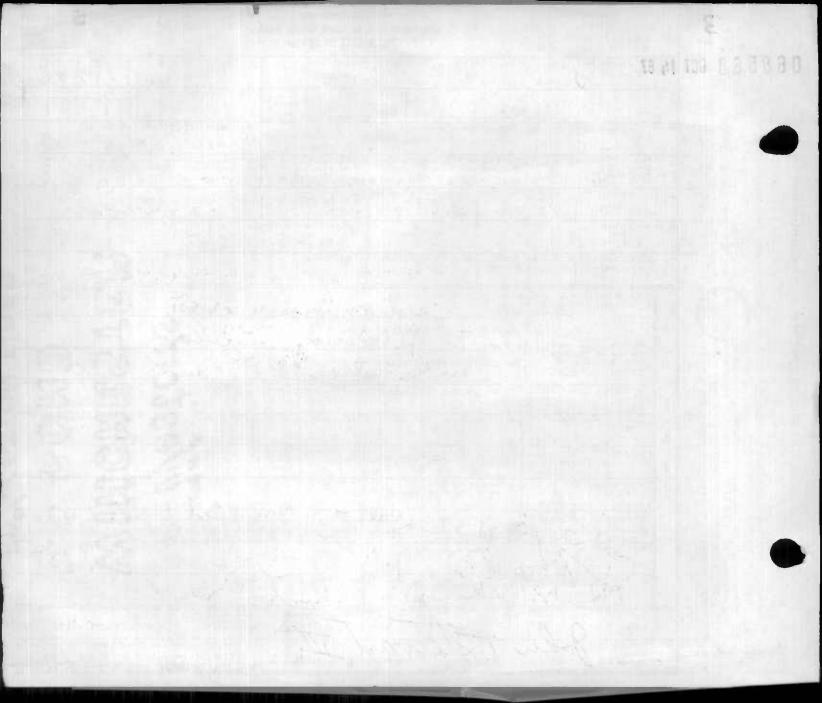
TO FUNERAL DIRECTOR

BP

should be detached

+

IMPORTANT



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50206

	4 8	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	REG NO	0		
		CEASED NAME FIRST A	CLE HE	NRIETTA	ALM	1 mo	2a DATE OF DEATH	MONTH .	S 87	26 HOUR 5 55 MM
ı	3 SE)	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY	IF INDER YEAR	HUNDER HR
	7	Female	Caucas	sian	MONTH S-	29-1921 YEAR	66	YRS		ALL CONTRACTOR OF THE PARTY OF
A	7a BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
		sh, DC	USA		WIDOWE	D DIVORCED	PRINCE	60	on Gos	CO MD
	1	TY OR TOWN OF DEATH	SU IN SUC	H FACILITY GIVE STREET	ADDRESS)	HUSPITAL	120 USUAL OCCUPATION OF THE HOUSEWI	F WORKING		
-		al residence if nursing home of the aryland of the Children of	other institution atty	Walder f		13d INSIDE CITY LIMITS? YES NO X	Rt. 925N	, ZIP COL	DE 10/	20601
	14.FA	Edward	MIDOLE J.	Wheele	er	Rena Rena	B. MIOOIE		Craiĝ	j
7		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (18 YES GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 112-12-		Jerome J.	Almo	same		13
		Conditions, if ony, which gave rise to immediate cause (a), stating the	D BY. TE CAUSE (0)  DUE TO, O	Metrs to Metrs to R AS A CONSEQUE	NCE OF	Breast CA	rcer tosis 20 to 1.	hear	4 4	EAR S
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	Seiz	we Wis-	rolu	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b IF Y	IVEN IN PART 1 ES, WERE FINDII TIFYING CAUSES	NGS USED
7 0.		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNATURE OF INJU		YES DR PART OR PART	NO []
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC )	2H LOCATION STREET	CITY OR 10	WN	DUNIY	All
		22a 1 certify that (1) (this hosp sow the deceased alive or above (1) (we) (did) (did no		7 19		nd that in (my) (our) opinion	death accurred an the de	ate and ha	-	
		274 PHYSICIAN S NAME I FOR	JA PRINT!	of you	1	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF IAN []	10	18/87
		HARVEY I.	RATZE			8924 Was	DYTES Rel	(	Plavion	mi)
		Burial, cremation, removal Burial	236 DATE 10-1			eters Cem.	Waldort,	, Ch	as., Mo	d.
		UNERAL DIRECTOR	110	Waitido	. <del>50)</del>	1.111	FREC'D. BY REGISTRAR	BB REGI	HRARIS SIGN	HE SE
		luntt Funeral	nume	Walut	1 1 9	Md. 200029	. TO MAIN			

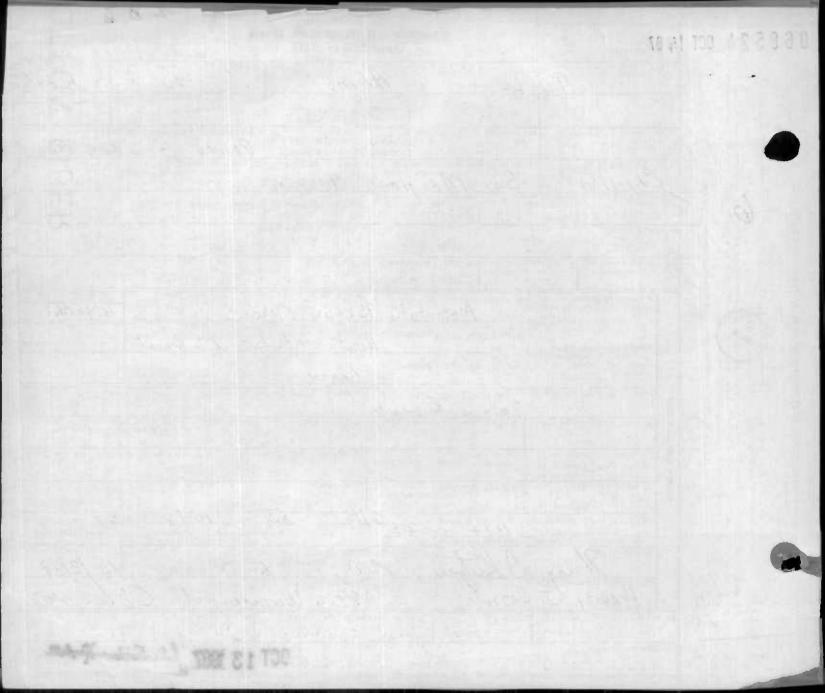
BP.

TO FUNERAL DIRECTOR After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cref.

IMPORTANT If them 21 is marked ar them 18 shaws any

injury, or other traumatic ex

DHMH = 16 60M 7/84 (VRA 15, 4)



0689

88

the funeral director page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30207

to	- STATE R7EGISTRAR		CERTIF	CATE OF DEATH	REG. NO	0		
	ECEASED NAME ELIZA	BETA TAYMAN	Ani	PERSONA.	20 DATE OF DEATH	MONTH DA	00	26 HOUR 4:35 A
3 SE	+ FIMALE	A RACE Wn. T.D.	5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY IF	UNDER TYEAR	II N(FR 1 HR'S
7	1417124 MMD	Th CITIZEN OF WHAT COUNTRY?	MARRIE	100		- 40124 6	15	M
1/1	PUCRIONN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	a design of the	170 USUAL OCCUPATI	DN F WON THE LIFE	UNDUSTRY Co. 1	11114
13a	STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY  130 CITY OR TOW  RUCKET	/N	13d INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NA	136 STREET ADDRESS	-	. /	0137
1	FIRST	MIDDLE LAST TH-111 MED FORCES? TION SOCIAL SECU		FIRST 17 INFORMANT	MIDDLE	55 3 4 6	BOR	A. RIZHLE.
		E WAR OR DATES)		0	& ANDERSON	- R.VE	RDALE	175710
	PART   DEATH WAS CAUSE	ly one cause per line for (a), (b), and BY CARCINO		0515				ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse a stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  (b) SMALL C  DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO I	ENCE OF	CAR UM UMA				nonth
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCUR	RED CENTER NAT RE OF INJUI	EV IN ITEM 18 PAR	1 URPARIZE	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	?1e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	FARM ETC)	211 LOCATION STREET	CITY OR TO	wN	OUNTY	JIAIL
		tol attended the deceased Ham t view the body after death	- 1	19	death occurred on the de	ote and hour o	and from the	
	77d_PHYSICIAN S NAME (IVPE O	luno		MD ATTENDING PHYSICIAN	MEDICAL STAI	- 8	10/10	187
22	P SUM SSLEA	MO	NAME OF S	7500 GREEN		on on	166NB	770
	BURIAL, CREMATION, REMOVAL	10 102 187 5	-	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	7	· Co	1010
24 F	FUNERAL DIRECTOR 1+1	CL CONTAIN ADDRESS	FIRE	MICHEL 250 DA	T 1 9 TORT	The EGIT RA	RESIGNA	THOUSE

DHMH 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIRECTOR. Atter this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

etained by the hospital or attending physician

TO HOSPITAL

BP.

10 (0.11) 23 28 3 0 AND THE RESERVE OF THE PARTY OF Francis St. To May 40 to married 2 to make the 200 BELLIS

1001701 16983 Monday of the Missile AS 1021 6 . Mail load Shares T.S. CKON HILL TO BE THE PORT OF THE AVE. ANG-Wi-Wilson Totalen Teger Hallore, 

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 26 HOUR R. AXT Louise 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY 02 CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION OF WORKING LIFE INDUSTRY HÖUSEWIFE LIB COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? P.O. BOX 353 CODE 20740 YES TO NO T COLLEGE PARK MARYLAND MONTGOMERY 14, FATHER'S NAME 15 MOTHER'S MAIDEN NAME ROSS RETLY O'RTLLA MARGARET GUESSFORD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 216-46-5993 RIDGELY W. AXT, JR./SON/SAME AS 13 NO 18 CAUSE OF DEATH Enter only one cause per line for a b and c

7	IMMEDIATE C	AUSE 10) Cardrew court			minutes
	Conditions, if ony, which gove rise to immediate cause a stating the underlying cause last	DUE TO OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Athernalismic vs		Largenes and opported	in home
	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT		MINAL DISEASE OR CONDITION	I GIVEN IN PART 1 a
ATION	Derebits on both	and Lf head Pagnie 196 CONDITION FOR WHICH OPERATIO	tim merminis		
5	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
AL CERTII	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR AM MONTH DAY YEAR	214 HOW INJURY OCCUP	RRED ENTERNATHE RIN IN	A - PAR IRPAL
OICAL	21d INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY	21f LOCATION		
MEDI	AMBLE NOTWHILE AT A PA	TATHOME STREET FACTORY OFFICE FARM ETC	THEOCATION	TY OR fr. wr	NTY ATE
	22a I certify that I   the hounded sow the deceased alive on above, (I the raid (did not vi	attended the deceosed fram  0 3 3 19 97 or  ew the bady ofter death.	nd that in (my) cor opinion	ta UCWW 3 death occurred on the date and	hour and from the causes stated
	226 SIGNATURE		DEGREE		220 DATE SIGNED
	Bynl O. John	nstr	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4/87

BP.

MPORTANT

DHMH 16 60M 7/84 (VRA 15, 4)

BYRL D. JOHNSON 230 BURIAL, CREMATION, REMOVAL 236 DATE

224 PHYSICIAN S NAME LIVE OR PRINT

BURIAL

4404 QUEENSBURY ROAD RIVERDALE, MD 23c NAME OF CEMETERY OR CREMATORY ROCK CREEK CEMETERY

22e ADDRESS

23d LOCATION WASHINGTON

20737

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

OCT6,1987

250 DATE REC D BY REGISTRAR

		FOR STATE REGISTRAR		STAT DEPARTMENT OF H	HEALTH		DEATH	G NO	Q.
9861 OCT	27%	ASED NAME FIR	THOMAS	P. BAC	CON	LAST	20 DATE KNOW OF ESTI DEATH MATE	N . MONTH	AY YEAR 75 HOUR
A SPECIAL STATE OF ST	70 BI	ale White	S DATE OF BIRTH	YEAR 1935 52R	RS IF UN	DAIL MAGNAS MA	PRONOUNCED DEAD		11-87, FEAR 28 HOU -14-87 5:40 TY OF DEATH
CHORNEL CHORNE	M	aryland TY OR TOWN OF DEATH		SPITAL, NURSING HOME	WIDOW		Prince (	TYPE OF WORK	S County MI
ANY CELA ANY CELA AND 3 TO TO POLID SET ECORDS-9	USUA 13a S	restville AL RESIDENCE (IF IN NURSING H TATE  aryland   Pr	7125 Do	onnel Place in the residence Before Administration of Town Forestvil	ON)		dependent 125 Donne		20147 açe #103
ORE NO	0	ATHER'S NAME Carl VAS DECEASED EVER IN U.S	MIDDLE	Bacor	n	15 MOTHER'S MAIDEN Esther	NAME	]	Pearson Box 82
JRSATTI JRSATTI WITH DIVI	{ Y		, GIVE WAR OR DATES)		140.		Pearson		
W. PRESTON ST. W. PRESTON ST. WITHIN 24 HOUPENCIL IN ITEM 18 MINER ALONG: TRANSIT PERM! ENTAL HYGIENE, OR REMOVAL.	NO	Canditians, if any, v gave rise to imme cause (a) stating the ulying cause last	EDIATE CAUSE (a).  Out TO, Of thich diate and the conder.  Out TO, Of the conder.  Out TO, Of the conder.	R AS A CONSEQUENCE O	OF OF				RETWEEN ONSET AND DEATH
E SHOULD E E SHOULD E WORD "PEN WORD "PEN WORD "PEN WORD F WORD "PEN WORD F WOR	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OPERA		AS PERFORMED?			20 AUTOPSY?  YES 📉 NO 🗌
DIVISION OF VITAL RECORDS, 201 THIS CERTIFICATE SHOULD BE EXECUTED, WRITING THE WORD." PENDING" IN A WARDED TO THE CHIEF MEDICAL EXARGE 3 SHOULD BE USED AS A BURIAL TATE DEPARTMENT OF HEALTH AND MITATE DEPARTMENT OF HEALTH	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE  TIE INJURY OCCURRED  WHILE NOT WHILL  AT WORK	HOUR A.F. OF DEATH P.A.  21e PLACE	M. MONTH DAY YEAR	21f LO	CATION TREET	CITY OR TOWN		ouniy state
MEDICAL EXAMINER: 1 ECUTE THE CERTIFICATE, GE 4 SHOULD BE FORV FUNERAL DIRECTOR: 8 FENDERAL WITH THE SI LITIMORE, MARYLAND,			charge af the remains de Natural couses		Autop	Homicide .	Inquiry Undetermined manner  _MEDICAL EXAMINER	and in my ap  DATE SIGNE	
TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO	23a B	EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REMOV	AL 736 DATE	A. Korell, M	AETERY O	R CREMATORY	Penn Stree	/ 001	NIY STATE
DHMH 17 (VR A15 ME (5)		remation  UNERAL DIRECTOR  NAMEROBERT E Funeral I	200ct198 Wilhelmores		Hill Md	10014	D BY PEGISTRAR 256		

other death Page 4 may be 8 8 8 9 d within 72 hours after death

STATE OF MARYLAND

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG N	0	Hone	
6		CEASED NAME	FIRST		MIDDLE		LAST		MONTH DA	AY YEAR	2b HOUR
	[ ] YPE	OR PRINT)	THUR	DeV	litt	BAI	KER, SR.		10 "	9.87	11 35 PM
	3 SEX			4 RACE		5 DATE (		6. AGE (IN YEARS LAST BI		FUNDER FEAR	HE LIFT (DER JAHRS
		Male		Caucasi	an	Apri		82	YRS	UNINE LAT	HC K MIN
		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	VV	9 BALTIMORE CITY		OF DEATH	
1	Ma	aryland		U.S.A.		WIDOWE	DEVER MARRIED DIVORCED	Prince G	enroe!		
_		ITY OR TOWN OF DEA	TH		HOSPITAL NURS		OR OTHER INSTITUTION	12g USUAL OCCUPAT	0		F BUSINESS OR
		inton		Souther		and Ho	spital Center	Optician	Self I	INDUSTRY	
C		al residence (IF NURS STATE aryland		ROTHER INSTITUTION NTY  Ce Georg		ore admission) DWN ton	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 12800 Gall	zip code ahan Ro	207	35
	14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NAM				
3		George	Ar	thur	Baker		Eva	MIDDLE		Tarbox	
	16a V	WAS DECEASED EVER			166 SOCIAL SEC	CURITY NO	17 INFORMANT	ADDR	SS Call	bon Dd	
	- (	YES NO OR UNKNOWN)	(IF YES GI	VE WAR OR DATES	150-09-0	6375A	Marguerite S.	Baker	linton	han Rd Maryl	and
		18 CAUSE OF DEATI	H (Ento) o	alu ana saura nor	line for ial (b)	andia					MATE INTERVAL
		PART I. DEATH W	AS CAUSI	D BY	me tar tar, to , t		SRO-VASCULA	a Acrial .		-	DA15
			IMMEDIA	TE CAUSE (a)			DIST - NAT COLKI	- neorgen		-	271/3
				DUE TO, O	R AS A CONSEO	UENCE OF	10.1	11 00 0 1		25	YEARS
		Canditians, if any,		(b)		CRIP	GERRE VASC	UNIT DISER	56	-	1600-
		cause (a), statin	g the	DUE TO, O	R AS A CONSEQ	UENCE OF				1.1	YERRI
		underlying cause	last	101		DIRI	BETES MELL	1703		177	YERRI
	_	PART 2 OTHER SIGN	HEICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1 (1	
	CERTIFICATION										
3	CAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES,	WERE FINDIN	IGS USED
Ž.	Ě							YES NOW	YES		NO [
	E S	210 ACCIDENT WAS UND	ERLYING [	216 TIME C			21c HOW INJURY OCCURR		RY IN ITEM IS PAR	RT URPART,	2.3
Ť		OR CONTRIBUTING		AIH	M. MONTH						
F	MEDICAL	21d INJURY OCCUR		21e PLACE	M. OF INTURY	19	211 LOCATION				
	WE	WHILE NOT WH		TAT HOME ST	REET FACTORY OFFICE	E FARM ETC )	STREET	LITY OR 10	WN	OUNTY	TATE
		AT WORK AT WOR	RK LJ			_	NN 10 80	7.1-	-	O P-7	
		22a I certify that (I)		MA	e deceased fram	2	, 17	10 0 C7	. 10	907 1	that (I <del>1 we)</del> last
		saw the decease abave, (1) (we) to	ed alive or <del>hel-</del> (did n		after death.	<u>0</u> , a	nd that in (my) ( <del>oor)</del> apinian o	death accurred an the d	ate and hau	and fram the a	auses stated
		22b. SIGNATURE		10	6	/	DEGREE	/		Th. DATE	EIGNED
		1	Kla	word de	form	/	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	10/10	787
		22d PHYS JAN'S NA	ME ITH	serfer /	1 1		22e ADDRESS			11	
		J Sanfo	ord Y	oung, M.	D.		11701 Living	ston Rd.,	t.Wash	nington	, Md.
	23n F	DUDIAL CDEALATION				NAMEOFO	CEMETERY OR CREMATORY	23d LOCATION			
	250 0	Burial	KEMOVAI	10/12/			coln Cemetery	_ CITY OR TOWN	od P (	G. Mar	wland.
	24.51	DULTAL		110/12/				Brentwo		J. Flat	yranu
		UNERAL DIRECTOR			ADDRE	00 Oxor	Hill Rd 250 DATE	A F ACCO	La Base	Lang Bary	Sille.
	Ge	eorge P. Ka	las	Funeral	Home, Oxo	on Hill	L,Md20745 OCT	10 984	Barton, South Sa		6

DHMH 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO BLEASED NAME 20 DATE KNOWN
OF ESTI 76 HOUR chn DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED July 9,1936 51YRG DEAD LOUNTRY? 70 BIRTHPLACE MARRIED INEVER MARRIED FOREIGN COUNTRY) Prince George's Washington, D.C. USA LANAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH crew Chief Cheverly 30 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Capitol Hats NO [ Daimler 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EIRST LAST Joseph Milburn Barber Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 52 4738 Gloria Barber-wife-104 Daimler Ave. 579 no Capitol Heights, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse par line for (o), (b), and (c). PART I DEATH WAS CAUSED BY relate Condeston culot descure IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CATE, WRITING THE WORD "PENDING FORWARDED TO THE CHIEF MEDIC OR: PAGE 3 SHOULD BE USED AS MET BY THE STATE DEPARTMENT OF HEALTH IND, 21201 PRIOR TO BURIAL, CREMIND, 21201 PRIOR TO BURIAL, CR CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO M 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 71d INJURY OCCURRED 21f LOCATION STREET FACTORY, FARM, ETC ) WHILE NOT WHILE CITY OR YOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9, AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Accident Notural causes Homicide Undetermined manner ACTUAL 230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY Buria Harmony Memorial Park Landover, Md. Oct. 07 84 Benning Fuheral Home-4001 (VR A15 ME (5))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

069	1637	0071	26 TOP REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO	1 3
,	4 4		ECEASED NAME FIRST JOSEF	PH G.	BARTH	20 DATE OF DEATH MONTH	17-87   76 HOUR   11:28AM
поу	poge 3	3 S	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER JURY
7	0 0		Male	Cauc.	July 14, 194		5
2	32 N.	70	BIRTHPLACE ATE OF FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
100	17 /	1 1	Vas., D.C.	US.A.	WIDOWED DIVORCED		'S COUNTY MD
11	ded and	0 1	CITY OR TOWN OF DEATH		TOTAL CENTER	TYPE OF WORK FOR MOST OF WORKIN	12b KIND OF BUSINESS OR INDUSTRY ed Upholstere
7 70	413		JAL RESIDENCE (IF NURSING HOME OF STATE 13b COL	JNTY 130 CITY O		13° STREET ADDRESS / ZIP CO	
5 1	117	7 14.1	ATHERS NAME		15 MOTHER'S MAIDE		
1	17 AV	2	Joseph A. Ba		Norma I	B. Gordon	LAST
MORE.	Poge:		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	LISECURITY NO 17 INFORMANT 48-7388 Joseph 1	ADDRESS 7/137 D	arkwood St. ville,Md.2078
4 4	9 4 4		·	only one couse per line for to			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a o	4501		DADT I DEATH WAS CALLS	SED BY	RAL BRONCHIAL PNEUM	IONTA	
2 8	ding orbo		WWW.ED.	DUE TO, OR AS A CON			
is to	1		Conditions, if any, which	( b) SEPSIS	VSEODEINCE OF		
E 1/	A N		gave rise to immediate cause of stating the	)	ASECULENCE OF		
3	8		underlying couse last	DUE TO, CHROHR	'S DISEASE		
05.20	4	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 a
IL RECOR	Ze part	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
OF VII.	certificate may physical certificate moltransi entol Hyg tem 18 sh		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR AM MONT		CCURRED (ENTER NATURE OF INJURY IN ITEM	IS PART CIRPART?
DIVISION OF VITAL	er this ce the bun and Me	MEDICAL	214 INJURY OCCURRED  WHILE NO! WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	NWO1 RC YII	COUNTY LATE
	Se or			pital attended the deceased	from	to	that    (we lost
TEN	TOR for u		sow the deceases above, (I) (we)	no Androld wine death	, and that in (my) (our) or	pinion death occurred on the date and	hour and from the causes stated
OR A	the hosp to DIREC etoched re Dept		276 SIGNATURE	HH	DEGREE ATTEND	ING MEDICAL STAFF	10/17/198-
PITA	Stor ANT	7	278 PHYSICIAN'S NAME TOP		22e ADDRESS	AN D DIRECTOR THIS CLARE	
OHOS	to FUNERA should be d			MIKHAIL,	M.D.		
2	- 2 > 5	730	BURIAL, CREMATION, REMOVA		731 NAME OF CEMETERY OR CREMAT	CITY OR TOWN	STATE
8	3P		Burial	10/21/87	Ft. Lincoln Ce		
DHA	AH 16 60M 7/84 (VRA 15, 4)	24	9013 Annapol	on/Hale Lanh is Rd. Lanha	nam Fun'l Home of	DATE BEC DEN GISTRAR 256 REG	(SIRVES NOT WORK)

10 83 101 78 30 30

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO 20 DATE OF DEATH MONTH DECEASED NAME 25 HOUR (TYPE OR PRINT) CECILIA BECKER 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY 1. 55 X 4 RACE 1897 FEMALE WHITE 90 TO BIRTHPLACE INTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYT AND U.S.A. WIDOWED DIVORCED (3POSOPS O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE) Washington Rehab. Center BEAUTICIAN SELF EMP. USUAL RESIDENCE (IF MUSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE

136 COUNTY

131 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 2214 WILKENS AVENUE MARYT AND BALTIMORE YES X NO 🗆 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE E1057 ANDDLE JOSEPH HELFRICK UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST NO 217-32-9778 HENRY J. BECKER 509 HOLLY RD. 20744 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Cardio - Kospiratory DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 200 AUTOPSY? 206 IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO T 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM & PART OR PART 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF ELIHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LIV OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) AL WORK 10-28 22a.1 certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive on 10-8 above, (I) (we) (did) (did not) view the body after death. and that in (my! :our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 220 DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 11701 Livingston Rd. #101 20744 William Kent Furit 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY)

DHMH 16 60M 7/1

(VRA 15, 4)

10/31/87 BURIAL

HOLY CROSS CEM.

24 FUNERAL DIRECTOR

FOR

BROOKLYN PK.

MARYLAND

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

MERKE ESTAT 100 TO NOT 150

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME 20 DATE KNOWN TYPE OR PRINTS DEATH MATED Martin Wayne Bell 6 AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 12;65 white April 10,1987 male 1987 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ATEOR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX Maryland USA WIDOWED [] DIVORCED Prince George's County O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Laurel Beltsville Hospita none none 13d INSIDE CITY LIMITS? 13e STREET ADDRESS VES TO NO KI 130 STREET ADDRESS Madison Avenue 20707 Laurel Maryland Howard FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bell Melissa unknown 60 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO. LIF YES GIVE WAR OR DATES) 214 15 6583 John Bell same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMA E INTERVA PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN 11EM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PELM AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTIMORE. MARYLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Strangulation DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM IS PART OR PART 21 HOUR A.M. MONTH DAY YEAR P.M. 10-31-87 UNDERLYING TOR Balloon cord wrapped around neck CONTRIBUTING CAUSE OF DEATH 218 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II LOCATION STREET FACTORY FARM ETC ) WHILE AT WORK 9302 Madison Street, Laurel, Prince George s home Inquiry County, Mary land 220 I certify that I taak charge of the remains described above, held an Autopsy Accident X death resulted fram Natural causes Suicide Undetermined manner TITLE (SPECIFY **ACTUAL** DATE SIGNED 11-1-87 M. Deputy Chiefedical Examiner SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE NOV. 2, 1987 Part Lincoln Cemetery Brentwood. Md 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** = 17 Donaldson Funeral Home. Laurel. Md (VR A15 ME (5))

NOVOS PET AND FRANCES

			tem 183,	20,21a,b,c	d,e, Film	EPARTMENT OF	TE OF M	ARYLAND AND MENTALE	TYGIENE	3 0	2 1	1
168	176 00	1 -a	STATE RETSTRAR	PERSON INC.	er revenuer.	ICAL EXAMIN				REG N	40	
		I DE	CEASED NAME	E FIRST		WIDELE		AST	20 0	ATE KNOWN	Z MCN /	LAY YEAR 26 HOUR
	T SS SS T	131	E OK PRINT	Clin	t			Black		OF ESTI-	0 10-2	2- 19 87 A
	PEA CTO TREE	3 SE)	(	1. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHD		DER 1 YR IF UNDER		DATE NOUNCED	MONIH	DAY YEAR 14 HOU
	DIRE DURE OUR 72 +	M	ale	Black	01 9	57   30 y	RS.	S DAT HOURS		DEAD	10-2-	17 - 70
-	RAL KAL		IRTHPLACE (SI	I ATE OR	76 CITIZEN OF WH	AT COUNTRY?	BMARRIE	NEVER MARR	IED _	ALTIMORE CITY	-	
	N N N N N N N N N N N N N N N N N N N			con, D.C.			WIDOW			rince G		The LAIL
	SHEET SHEET STATES		Charras 7			PITAL, NURSING HOM			FOR MOST	OCCUPATION (1) OF WORKING LIFE!		OR INDUSTRY
	DE PRE	1	Cheverl	4		ERESIDENCE BEFORE ADM 65		. HOSPICAL	Clerk	ζ	G	overnment
21201	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNRAL DIRECTOR 3, RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS LRECORDS, 201 W. PRESTON STREET	13a S	larylar	136 COUNT		Lanham	IONI	13d INSIDE CITY LIMITS? YES X NO	13e STREET /	ADDRESS Bright	seat	Rd #101
MD	SS AFTER DEATH III GIVE PAGES 1, 2, VITH FORM PM 3, VITH FORM PM 3, VINISION OF VITAL	27.5	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID		MIDDLE		LAST
RE,	SES	100	bert		C.	Black		Demetri	ce			shton
IMO	PACE IN INC.	(1)	ES, NO OR UNKNO		WAR OR DATES)	16b SOCIAL SECURIT		17 INFORMANT			_	seat Rd.
NALT	URS AFTER DEA 8. GIVE PAGES WITH FORM II. PAGES I AN DIVISION OF:	Y	es	7/75	5-2/77	5788074	25	Andrea	Black	Lanham	n Md.	20706
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	ECUTED WITHIN 24 HO N. EXAMINER ALONG N. EXAMINER ALONG URAL - TRANSIT PERM IND MENTAL HYGIENE TION, OR REMOVAL.	N.	Canditiai gave ri cause (a: lying cau	ns, if any, which se to immediate stating the <u>under</u> use last.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT RELATED TO THE TERM	OF OF		ART 1 a			
84	HEA HEA	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPER	RATION W.	AS PERFORMED?				2D AUTOPSY?
/ITA	SHOULD ORD "F CHIEF E USED TOF HI	I E										YES [X NO []
ONOF	S CERTIFICATE SHOULD BE EXIGUED THE WORD "PENDING RDED TO THE CHIEF MEDICATE 3 SHOULD BE USED AS A BE DEPARTMENT OF HEALTH A DIFFICATION TO PRIOR TO BURIAL, CREMA		UNDERLYING	AL CAUSE WAS  OR  NG CAUSE OF E		MONTH DAY YEA	R	DW INJURY OCCURRE			18 PART I OR PART	2)
DIVISIO		MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	STREET FACTO	OF INJURY (AT HOME DRY, FARM, ETC.)		ATION TREE T	CIT	Y OR TOWN	COUN	TY STATE
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PACA PACA PACA PACA PACA PACA PACA PAC			fy that I took coorg	e of the remains desc	cribed above/held an	Autops vicide	Hamicide TITLE (SPECIFY) D. ASSISTAN	Undetermi	nquiry \( \times \)	DATE SIGNED	10-2 <del>-</del> 87
	MEDIN GE 4 (GE 4 ) FUNE TER DE	4	EXAMINER'S (TYPE OR PRI		rles P. Ko	okes, M.D.				reet,Ba	lto.,MD	21201
07 84		23a B	Burial Burial	tion, removal 2	10-8-87		у Ме	morial P	k Land	dover	P.	G. Md.
25M	DHMH 17 (VR A15 MF (5))		NBE. JE	enkins		andover R			REC'D BY REC	OR7 Jul		on Randale

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	0	.3	4	<

068677 OCT 15 87 STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 20 DATE OF DEATH 76 HOUR AKA (Gellispie) TYPE OR PRINTS GELESPIE ACKWEL 30 2.25A M A AGE LIN YEARS LAST RIPTHDAY IF UNDER TEAR 4 RACE 5 DATE OF BIRTH 3 SEX 21 21 MALE **BLACK** 65 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I TATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington, D.C. United States widowed DIVORCED XX PRINCE GEORGE'S NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR Private (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Custodian CHEVERLY GLADYS NOON SPELLMAN NURS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13E CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD. P.G. Forest Hehts 5702 Woodland Drive 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unknown Mary Blackwell 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES) Yes 579-12-3090 Debra Snead Daughter: Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line formulation PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse of stating the underlying couse lost ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180 CATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED In DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY INTERN & PART DR PART. HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M 19 211 LOCATION 21d INJURY OCCURRED ?le PLACE OF INJURY ITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC STREET WHILE NO! WHILE 22a Leertify that (1) (this haspital) attended the deceased from saw the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (It (we) (ma) and not sew the body after death 226 SIGNATURE 22c DATE SIGNED MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 236 NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION CITY OR LOWN Burial 060ct.87 Cheltenham Cemetery Cheltenham Maryland

DHMH 16 60M 7 84

(VRA 15, 4)

MPORTANT d b

00

24 FUNERAL DIRECTOR

Frazier's Funerel Home 389 R.I. Ave N.W.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Dender .

No. 12 Transfer

068351 OCT

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

STATE REGISTRAR 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 76 HOUR no middle name Ellen 1987 October 4. & AGE (IN YEARS LAST BIRTHDAY 5 DATE OF BIRTH June 3, 1924 White Female TO BIRTHPLACE MATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Chzechoslovakia U.S.A. WIDOWEDT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY A.M.I. Doctors' Hospital Homemaker Own Home Lanham JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 6716 Lamont Drive/20706 13b COUNTY 13d INSIDE CITY LIMITS? Pr. Geos. Lanham YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Płockova Vaclav Bochynek Lea 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 214-82-7488 Milan Blaha, Same address as #13. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last CONTRIBUTING TO DEATH BUT NOT REMITED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.4 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATIRE OF INJURY IN ITEM 18 PART - PRPART . HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF ETTHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC I AL WORK 22a 1 certify that (1) (this hospital) attended the deceased from \_ our opinion death occurred on the date and hour and from the causes stated ever edialize on \_\_\_\_\_\_\_\_ DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN 22e ADDRESS 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 10/6/87 Mt. Comfort Crematory Alexandria, VA Cremation Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

DHMH 16 60M 7 84 (VRA 15, 4)

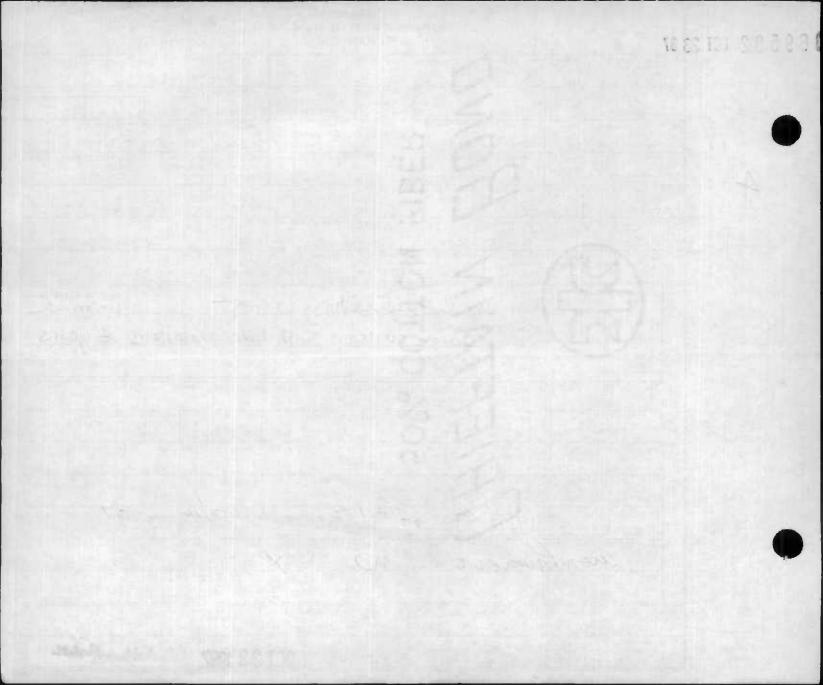
FUNERAL I

. All an unour labors, make a series of the labors and the labors and the labors are a series of the labors and the labors are a series of the labors are a

en se som de la companya de la compa

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

15920	CI 2	1 8	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO								
		I D		FIR I	An	₽L E		(Asi	2a DATE OF DEATH		YE AR	26 HOUR
be 3 ge 3 eath		214	TYPE OR PRINT				Blyt	he	October 16	. 1987		9:30 A
Pag Pag	è		SEX		4 RACE		5 DATE OF BIRTH		-		INTER .FAR	IF NIFR . NR
ector rs of			Female	Female		White		ber 10, 1914	73 YRS		MIN HILIK MIN	
hou	97	70	BIRTHPLACE ATECAPORE ON COUNTRY Pennsylvania		76 CITIZEN OF WHAT COUNTRY?  United States		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH			
in 72	90	2										
34	P	10 CITY OR TOWN OF DEATH			11 NAME OF HOSPITAL, NURSING			OR OTHER INSTITUTION				CIND OF BUSINESS OR
111	0		Seabrook		9615 Woodberry Stree		et	Secretary		Trucking		
62	stbe	13a	JAL RESIDENCE IF NURSING STATE	B COUN	NIY Prince	IVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
oule Toule	r, ma		aryland		ge's	Seabroo		YES 🕅 NO 🗆	9615 Woodb		treet	/ 20706
2 s	mine	14. 1	ATHER S NAME		WIDDLE	LA		15 MOTHER'S MAIDEN NAM	ME MIDTE		. A	
D W	exo		Charles		Kriznowski				a (Un		available)	
Ses 1	dicol		WAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS		
Pod .	med		No			190-01-	8577	George W. Bl	ythe, Same	as 13		
pers	the contract of		18 CAUSE OF DEATH	Enter or	ly one couse per l	ine to a 1b and	c	1	4		BETWEEN	MATE INTERVAL
phy	, e	10	PARTI DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF CARdionessinatory arrest Immed							mod		
d ng orbo	otic e				DUE TO OR	AS A CONSEQUE	NICEOF	)	, ,	1		
then ve co	n n		Conditions, if ony, v	which	( b)	Colon	ca	ncer with	liver met	astases	8	years
emo mat	1.0		gove rise to immer	diate	0,							7
by r	othe		underlying cause		DOE TO OR	AS A CONSEQUE	NCEOF					
Til	0	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (1)									
1929	1	N N										
5 30		CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH O		ION FOR WHICH	WHICH OPERATION WAS PERFORMED		20a AUTOPSY 206 IF YES, WERE FINDI				
VI I'	1	/   ĕ					YES NOTX YES NOTA			OF DEATH?		
513	2	- E	210 ACCIDENT WAS UNDER	LYING [				216 HOW INJURY OCCURE				
ol-to	200	- 1	OR CONTRIBUTING CAL		1111	MONTH DA	Y YEAR					
Sce	± ±	MEDICAL	21d INJURY OCCURRED		21e PLACE C		19	211 LOCATION			17.00	
the the	pa	ME	A NORE A WHILE			ET FACTORY OFFICE FA	ARM ET	*TREET	TV DR TO	VN	NIA	MATE
Afte e as	nor				tal attacked the	de-co 1 &	5/0	1/19 10	10/16	10	87	
He cs	is		220 I certify that I it	nis nospi	9/17	neceosed from	7	nd that in (my) (our opinion o		to and hour o		that I (we last
d fo	3		above, (I) we did	I (did no	ti view the body e	fter death	,		seem occorred on me de	ne ona naor c		
DIR	± = =		22b SIGNATURE	1		.0		DEGREE	MEDICAL STAF	F	22c DATE	SIGNED
RAL dete			mo	7/1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					1	.6-87	
N Pe	TAI		22d PHYSICIAN'S NAME HYPE OR PRINT: 22e ADDRESS 106 Irving Street, NW, 421									
should be de	PO		Aron Primack, M. D. Washington, DC 20010									
T +2 3	≥	23a	BURIAL, CREMATION, RE	MOVAL	236 DATE	23t N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
			Crematio	n	10-17-	87 Met	ropo	litan Cremator	The Ok I Otto	ia, V	irgini	La
14 14 404	4.7.04	24			ard Rapp				E REC D BY REGISTRAR	256 REGISTRA	AR S SIGNAT	URE
VRA 15,			P. O. Box 43				c 20	0010 00	22 1007	whis Davis	don-No	Magazo



STATE OF MARYLAND CERTIFICATE OF DEATH

- STATE REGISTRAR 20 DATE OF DEATH MONTH Lthelvn Boccheciamp October 8, 1987 8:22 3 SEX DATE OF BIRTH MONTH May 30, 1902 Female Caucasian 85 76 CITIZEN OF WHAT COUNTRY? 8 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Panama Prince Georges ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE Hyattsville Hyattsville Manor Homemaker Own home MIL COUNTY 30 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Mont 906 Frowning Ave. 20912 Takoma Park A FATHER S NAME 15 MOTHER'S MAIDEN NAME David Pretto Oliva Satious ADDRESS 10804 Blossom Lane 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (20903)063-05-8802D--Elias Boccheciamp-Silver Spring, Md 18 CAUSE OF DEATH (Enter only one cause per line for a 1b and c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE of DUE TO OBAS A CONSEQUENCE OF a Cenders Conditions, if any, which gave rise to immediate cause a stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. Q. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED ENTER WAT RE SET OF INVINITIAN BEPART OF PART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF ETHER NO IFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC. 22a I certify that (I (this hospital pttended the deceased from saw the deceased alive o and that in(imy) four) opinion death occurred on the date and have and from the causes stated above I (we ididinded not viewing bed the DEGREE MO PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 2309 Shorefield Rd., Wheaton, Md. Myron L. Lenkin 23a BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY Burial 10/11/87 George Washington 24 FUNERAL DIRECTOR 254 Carroll St. W. 750 DATE REC'D'BY REGISTRAR 250 REGISTRAR'S SIGNATURE Takoma Funeral Home-Washington, D.C.

DHMH 16 60M 7 84 (VRA 15, 4)

ld b

State of the second sec

Uezan .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 068882 OCT 19 CERTIFICATE OF DEATH REG NO 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED IF UNDER 1 YR BIRTHPLACE 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Maryland United States 126 MIND OF BUSINESS D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Fire Fighter County Gov t 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE FIRST James Pierpont Steven Bosworth JoAnn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Samesas # 13. No 215-72-7436 DIVISI Andrea Ellen Bosworth, A BURIAL TRANSIT PERMIT. F H AND MENTAL HYGIENE, DIN MATION, OR REMOVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF WRITING THE WORD "PENDING" IN PEI ARDED TO THE CHIEF MEDICAL EXAM AGE 3 SHOULD BE USED AS A BURIAL . ATE DEPARTMENT OF HEALTH AND MEN 21201 PRIOR TO BURIAL . RREMATION, O lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH TO PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET FACTORY FARM FIC ) WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLTMORE, MARYLAND, 2120 220 I certify that I taak charge of the remains described above, held an death resulted fram Natural causes Accident Undetermined manner ACTUAL SIGNATUR XAMINER'S NAME John S. Rogers, M.D. ADDRESS 1919 Seminary Rd. Silver Spring, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Miranda Cemetery Huntingtown, Calvert, Maryland Oct.14,1987 07 84 BP. 24 FUNERAL DIRECTOR BEGERAR 236 REGISTRAR'S STONATOR 16000 Annapolis Rd. DHMH 17 Beall Funeral Home Bowie, Maryland (VR A15 ME (5))

CAS-78-7436 AND SERVE CASE SHEET SHE

Tested cont. It, 1987 Mirenal Control Santing Cont. Select Santing Control San

AND DESCRIPTION OF THE PARTY OF

ELD WITH HIM MOTH TOWN COLD

#### AYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3022

)	d	es l'acces should be l'in a l'hin 72 haurs after death	10 1	ical enamerer must be of the for ance	
	TO FUNERAL DIRECTOR After this certificate has been signed by the entire of the contact of typed in 1911 when the contact of page 3	should be detached for use as the burial-transit permit. Then please in correction, affects, Pages 1 bit a should be like high 72 hours after death	with the State Dept of Health and Mental Hygiene prior to burial, crimatian or remarkal	IMPORTANT If hen 21 is marked at Item 18 shaws any injury, or other framedical examine must be switter abouted	/

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	REGISTRAR						RE	G NO			
	DECEASED NAME FIRST	WID	DLE	LA	IST	2	O DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
		ARION	FRANCES		BOWIE			10	12	87	8 50AM
3 5	SEX	4 RACE		5 DATE OF		YEAR 6	AGE INTEREST	AST BIRTHDAY)	MONTHS	RIVEAR	HOURS MIN
	FEMALE	WHITE		08	28	19		68 <sub>R</sub>			
70	BIRTHPLACE ( LATE OR FOREIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	MARRIED	NEVER A	ARRIED 9	BALTIMOREC	ITY OR COUN	ITY OF DE	HTA	
I	MARYLAND	U.S.		WIDOWED	DIX DI	ORCED F	PRINCE G				MD
10	CITY OR TOWN OF DEATH		SPITAL, NURSING		R OTHER INST		20 USUAL OCCI			KIND O	F BUSINESS OR
	CHEVERLY		CARE FAC		(SPEL	LMAN)	HOM	EMAKE	2	OWN	HOME
	DUAL RESIDENCE (IF NURSING HOME STATE 136 COL		RESIDENCE BEFORE A CHEVER	1	13d INSIDE C		3. STREET ADDR			NUE	R. HOME
14	FATHER'S NAME IRVIN	MIDDLE	BOWIE			MAIDEN NAME RGARET	E MID	DIE	(	GOOI	DING
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? II	SOCIAL SECUR	ON YTI	17 INFORMA	NT (SON)	55	16 BE	RKLE	Y M	ANOR LA
	NO NO	5	79-22-6	741	LEO E	. GRIN	DER CH	URCHT	IM, NC	D. 2	20733
F	18 CAUSE OF DEATH (Enter		ne for ro , b and	С						APPRÓXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PARTI DEATH WAS CAUSED BY Conjecture Heart tolling 2days							ays			
CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	mellitus	ON FOR WHICH C				200 AUTOPSY	20b IF	YES, WERE	E FINDIN	NGS USED
Ě	NIT		WIA				YES NO		YES [	- 40363	NO [
CAI CEB	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIFELTHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	MONTH DAY	Y YEAR	211 HOW IN	JURY OCCURRE	D (ENTER NATURE (	MAZI NI YAULUI AC	18 PART DR	PART.	
MEDICAL	21d INJURY OCCURRED  WHILE NO! WHILE AT WORK	21e PLACE OF	INJURY T FACTORY OFFICE FAI	RM ETC )	211 LOCATIO	)Ň	617	ORTOWN	. 0	VINITY	31 A T
	sow the deceased alive above, (1) (ve) (did) (did	10/12	119	F7 on	d that in (my)	(Our) opinian de	to	the date and	19_ <b>G</b>		the (we) last causes stated
	27b SIGNATURE										
	DOA H.	Yablono		no	1030	1ea	600	ob, md			
23	BURIAL, CREMATION, REMOVA				EMETERY OR		23d LOCATION		CIINT	Y F.C	RAN HAVET
L	BURIAL	10-15	-87 OL	טע ע	RHAM	CH. CEM.					MARYL
24	FUNERAL DIRECTOR		ADDREN			inc.	6 1987	RAP 256 REC	Dende	SIG- KI	The same
A	DELLADO DENTEDI	AT HOME '	TNIC TA	DI A	TA MD	001		U			

DHMH 16 60M 7 B4 (VRA 15, 4)

AREHART FUNERAL HOME, INC. LA PLATA, MD.

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The law

				N. E.I.
	i x			
			40.1	1,000
Discus Book				
Land Service	Marine of the	879-26-6743		
	3.4			
		A 377 18-11-		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE FDICAL EXAMINER'S CERTIFICATE OF DEATH

		OR			DEPARTMEN	NT OF HEA	LTH AND M	ENTAL H	YSIENE	3 0	2	. Is	
1	5 8	ISTRAR			DICAL EX				FDEATH	1 REC	, NO		
	DEC	EASEDNAM	NE FIRST		WINDIE		LAST		20	DATE KNOW	N M MIH	JAY YEAR	76 HOUR
	LITPE	R PRIN	LEONA	- 1	MAE	E	BOYER			OF ESTI		2-119 87	25 11
	SEX		4 RACE	5. DATE OF BIRTH			FUNDER 1 YR	IF UNDER		DATE	MONTH	TAY YEAR	12/1/20
	Fe	emale	Cau.	01-23-19			NONTH DAYS	Fe sijrs	MIN PRO	DE AD	Oct.	20 10 84	25
3		THPLACE		TO CITIZEN OF W	HAT COUNTRY?	8 44	ARRIED X N	EVED AA A DDI	9 8	ALTIMORE CI	TY OR COUNT	OF DEATH	
×		ssouri		U.S.A.			OWED [	DIVORCI		Prince !	George'	S	MD
6		Y OR TOWN		II NAME OF HOS	PITAL NURSIN		OTHER INSTITU	JTION	120 USUAL	OCCUPATION	YPE DE WORK	OR INDUSTR	SINESS
3	Ri	verda	le valo	Lelara	-Mamori		nital		House	OF WORKING LIFE		Own Hor	
1		RESIDENCE		ROTHER INST TION GI	WE RE ID NOE BEFOR	RE ADMISSION)						JWII IIOI	IIC
V		arylan		e Geo.	Hyatt		YES TE	CITY LIMITS?		ROSOME	ry Lan	e 2078	2
		THER'S NAM				541116	15 MOTH	ER'S MAIDE			ii y Laii		£-
1	Н	enry		MIDDLE	Newby	,		ttie		MIDDLE	NA.	oore	
	160 W	AS DECEASE	ED EVER IN U.S. AR			SECURITY NO				ADDI		001 6	
	No	NO OR NKN	OWN) (IF YES GIVE	WAR OR DATES)	215-46	5-2253	Her	man F	Boy	er Sar	ne as L	ine #13	
			OF DEATH (Enter on	ly one cause per line				1119111			1114_42_1	APPROXIMATE BETWEEN ON LET	MITERVAL
		PARTID	EATH WAS CAUSE	D BY TE CAUSE (a	face &	1 /	MVOC	220	din	1 /):		REINFERCIATE	AND DEATH
			INVALDIA		AS A CONSEO	UENCE OF	11						
			ons, if any, which	1	Chr.	m. 11.	Mi	1008	s vdi	121/	7,6		
		cause (c	stating the <u>under-</u>		AS A CONSEO	UENCE OF	/			1	1, 0,		
		lying ca	use last									7	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G								ON GIVEN IN PAI	RT 1 a				
	ON		1101	e									
	SAT	19a DALEO	FOPERATION	196 CONDI	NITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY"		
$\times$	CERTIFICATION	-	1100	2								YES 🗌	NO E
9	CER		AL CAUSE WAS	216 TIME OF	FINJURY		HOW INJUR	Y OCCURRE	D LENTER NATU	RE OF INJURY IN ITE	M 18 PART OR PART	2)	
	Z V	UNDERLYING CONTRIBUT	G ☐ OR ING ☐ CAUSE OF I			19							
	MEDICAL	21d INJURY			OF INJURY (AT	HOME 21	LOCATION		(1)	TY OR TOWN	COU		STATE
	5	AT WORK	NOT WHILE C	]	TARM (IC)		JINEE!		CI	TOR TOWN	COOR	VIII	STATE
		220 Leert	of that I took chare	e of the remains des	cribed above h	eld on A	utopsy	Inspection	DQ.	nguiry .	and in my opi	nion	
		death resul		ral causes	Acculum	Suicide				ned manner	7.		
			1	- 00				SPECIFY)					
		ACTUAL SIGNATURE	Chli	10	100		_M.D	200	MEDICA	LEXAMINER	DATE	Jut 27	198
1			/		Cal	-	10	0					
$\leq$		EXAMINERS TYPE OR PE	(NT)				ADDRESS						
		PEC IFY)	ATION, REMOVAL 2	36 DATE	73c NAME	OF CEMETE	RY OR CREMAT	ORY	23d LOCA	TION	OUNT	Y STA	ATE
		urial		10-29-87	Geo	rge Wa	shingto	n Cer			P.G., N	laryland	1
				'S SONS	FUNER.	AL HO	ME, P.	A. NO	NEC D. BY REC	1007 /	REGISTRAR'S SH	SNATURE	
	47	39 Bal	timore Av	ve., Hyat	tsville,	Maryl	and	INO	A 4	1301 /	ha Deorda	m. Randal	R.

4739 Baltimore Ave., Hyattsville, Maryland

07 84 25M

**DHMH** 17 (VR A15 ME 15

EXECUTE THE CERTIFICATE, WITHOUT THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORMA. TO FINE CHIEF MEDICAL EXAMINER ALONG WITH FORMA. AFFIGE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

The Market Translate Lateral Marie Horse II all all all and I'M Kincelenge Houthall a gett Passach 

njury, or other troumotic event, th

MPORTANT: If them 21 is marked or them/18 shows ony should be detached for use as the burial-transit permi

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J	0 4	REGISTRAR		CERTIF	ICATE OF DEATH	REG N	10		
	1 DEC	CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
1		Carlyne	E	Breck	enride	e	10 -	7-87	3.0
ľ	3 SE)	X.	4 RACE	5 DATE (		6 AGE (IN YEARS LAST BIR	-	I UNDER FEAR	IF INC R , 4 HR
ı	FI	EINALE	BIACK	NEY		7 69	YRS	MONTHS: DAYS	HOURS MIN
-		RTHPLACE 'ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS		D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	200 000	ARYLAND	U.S. A.	MARRIE		Prince	PPO	100	A
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPAT			F BUSINESS C
	H;	rattsville	(IF NOT IN SUGH FACILITY GIVE STI	mano	· Nursing 1	HOSE LAUNDE	Y WORKING LIFE	CIE AL	IFRS
1	13a S	AL RESIDENCE (IF HURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE		13d INSIDE CITY LIMITS	130 STREET ADDRESS		- ~	1574
	M	GRYLAND P.	G. CAP. H	19,75	YES NO	4811 FAL	SIF 51	1.	-//
1	14 FA	ATHERS NAME	MIDDLE LAST		15 MOTHER'S MAIDEN	NAME		LAS.	1
	U,	NKNONN			UNICNO	WN			
1	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	ECURITYNO	17 INFORMANT	ADDR	ESS	1	
ı		NO	577-30	7-86464	WAITER L.	BRECKENNID	3E 48	11 FART.	5T.
ı		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per line for la , ib	and c				BETWEEN C	MATE INTERVAL ONSET AND DEATH
ı			TE CAUSE IO. Can	diac	correst				
ı			DUE TO, OR AS A CONSE	QUENCE OF	. 11.	0 - 01			
1		Conditions, if any, which	1 16 Mul	HIPH	rige	comy.			
1		gave rise to immediate cause a stating the	DUE TO OR AS A CONSE	OUENCE OF .					
ı		underlying cause last	1 - An	emi	9				
I	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIV	EN IN PART 1 c	1
	CERTIFICATION	Orgo	emic Bro	lin.	Synchon	ul.			
1	CA	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
	RTIF					YES NOX.	YES		NO [
1	G	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGHT A M. MONTEN	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, P	ART I OR PART 2)	
I	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE EARL STC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ı	2	AT WORK AT WORK	TANTONE STREET, TACTORY, OFFI	CE, FARM, ETC./		-		COOM	STATE
١		220 I certify that II (this hospi			2 / 19 2	10 10	- 1	19 5/1	that I (we) la
I		saw the deceased alive on above. (LLL) we lidid I did no	10 - 15	87 ar	nd that in (my) (aur) opin	non death accurred on the d	ate and hour	r and from the o	causes stated
I		226 STGNATURE	A - 1		DEGREE			22c DATE	SIGNED
,		K. av	10/19		4. DATTENDIN	MEDICAL STA	FF CIAN []	10	1718
1		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	•	22e ADDRESS B	wit, met.	2-071	15	1 10
		Kakech	Avera		14300 G	allant F	0	1000	进2

BP.

TO FUNERAL DIRECTOR

DHMH 16 60M 7/73 (VR A 15 (4))

OR ATTENDING

TO HOSPITAL

FOR

- STATE

230 BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CRISPECTRY BUSCIAL BUTLING CONFICENCY OF CONTROL OF CONFICENCY O hEITENHAM CEM. CHEITENHAM

1250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

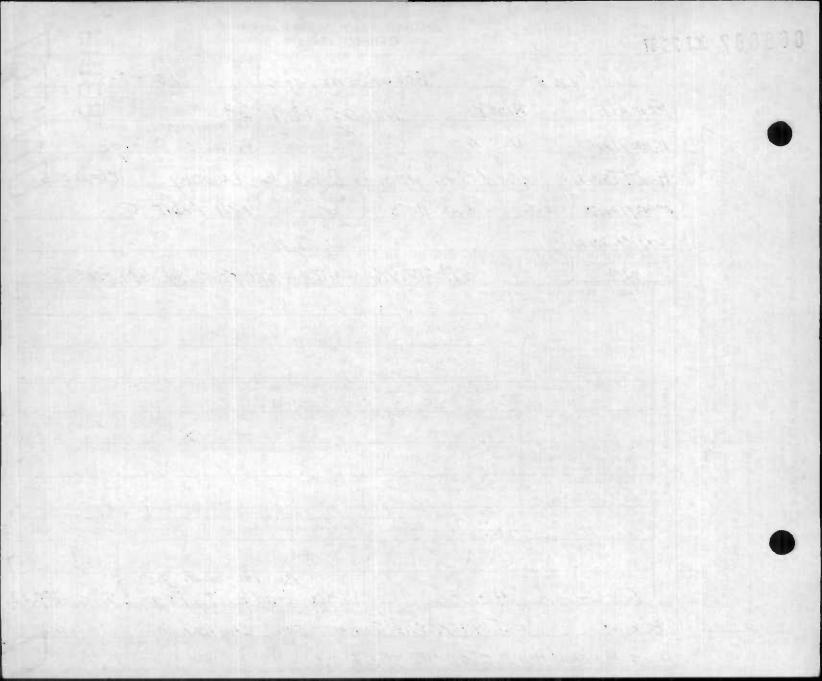
OCT 25 1987

OCT 25 1987

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CHETTENHAIN

MD.



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

ne funeral director p within 72 hours ofter

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Unique BUDESS Md. Univ.College

224 DATE SIGNED

Mdu

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH argos

IF UNDER 24 HRS

20708

REG. NO

ECEASED NAME FIRST	M	IDDLE	l	AST	Zo. DATE OF	DEATH MONTH	DA	YEAR	26 HOUR
Doris	2	Anne	В	retscher		Oct.	6	1987	4:28
EX	4 RACE		5 DATE C		6 AGE (INY	EARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24
Female	Caucas	sian	A.u.		55	YR		NIHS DAYS	HOURS
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	- FR MENTER MARINE	9 BALTIMO	RE CITY OR COUP		FDEATH	
New York	US		WIDOWE	D NEVER MARRIED -	Pr	ince Ge	ord	re's	
				OR OTHER INSTITUTION	120 USUAL C	OCCUPATION		IN TRINITAD	BUDESS
Laurel	9039	contee	Road	#301	Secre	etary	G LIFE)	Univ	.Coll
JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN P		Laurel		13d INSIDE CITY LIMITS?	134 STREET A	ADDRESS / ZIP CO	Ro		2070
ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME				
George	MIDDLE	Krae	mer	Lillian		MIDDLE		(Unk	own)
WAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS			
/-	a a a a a a a a a a a a a a a a a a a	122-24-	9179	William J	Bret	scher	Sa	ame as	s 13e
18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED IMMEDIATED)	y one cause per li D BY E C AUSE (a)	ne for (a), (b) and	مدلة	ratez au	ext			BETWEEN	MATE INTERVAL PINSET AND DEA
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE	jane	· chow of	heas	+		4	reary
PART 2 OTHER SIGNIFICANT C	ONDITIONS COM	ntributing to D	EATH BUT	NOT RELATED TO THE TER	minal disease	OR CONDITION	GIVEN	IN PART Ita	
19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH (	OPERATION	N WAS PERFORMED	20a AUTO			VERE FINDIN	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF HOUR A.M P.M	MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTERNAT	URE OF INJURY IN ITEM	IB PART	I OR PART 2)	
21d INJURY OCCURRED  WHILE NO! WHILE AT WORK	21e PLACE OF	FINJURY T FACTORY OFFICE FA	RM ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
22a.1 certify that (I) (this hospite	all attended the	deceased from		6/17/19	to_	10/0	10	4/	hat (I) (we)

BP.

Should be detached for use with the State Dept of Hear

paulota

MPORTANT

this certificate has been

18

CERTIFICATION

MEDICAL

226 SIGNATURE

24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DHMH - 16 60M 7 /84 (VRA 15, 4)

abave (1) (we) (did) (did nat) view the body after death

134 NAME OF CEMETERY OF CREMATORY TVy Hill Cemetery

DEGREE

ATTENDING

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

RunG .

250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE.

STAFF

7601 Sandy Spring Road Fleck Funeral Home, Inc. Laurel, Md. 207

MO

. bk . . . . Decisi were at its vot toward a decision

Elect Smell Signer Line Commence and commence and the commence of the commence

Released Notified Examiner |

Medical

070860 NOV-5187 FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Aulia Dividson Pendage

		REGISTRAR				CERTIF	ICATE OF DEATH		REG NO				
		DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)  Clarence Permai					IAST	20 DATE OF D		ONTH D	AY YEAR	2b HOUR	Т
	( TABE		rence	e Pe	rmain	В	REWER	October	26,	1987		5:47P A	и
	3 SEX	(		4 RACE		5 DATE O		6 AGE (IN YEAR			FINDER FEAR	IF INDER , 4 HR	
2	Ma	ale		Caucas	ian	Aud	q. 17, 1920	67		YRS	DAYS DAYS	HCI/Rs MIN	
1	7a BII	RTHPLACE TO ATE OR FOR	REIGN		WHAT COUNTRY?	8	V _	9 BALTIMORE	CITY OR		OF DEATH		T
D	N	. Carolina		U.S.A.		WIDOW	D NEVER MARRIED DIVORCED DI	Prince	Geor	ge's		ME	)
j.E	10 €1	TY OR TOWN OF DEAT	н	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120 USUAL OC	CUPATION	V		F BUSINESS OR	_
	14	anham		Doctors	HEACILITY, GIVE STREET A	1		Model		VORKING LIFE	U.S.	Gov't.	
1	130 S		36 COUN	ITY .	13c CITY OR TOW	Ν.	13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / Z	ZIP ÇODE			
1	_		Anne	Arund	el Harwo	od	YES NO X		_ Fla	nders	Ln.,	20776	
)	1. 4.	THER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDEN NAM		MIDDLE		LAS	7	
1		arence	P	*	Brewer		Stella		F.		Phill	ips	
7		VAS DECEASED EVER IN	(IF YES GIV	E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRES:				
C	Y	es	W	W-2	220-05-3	896	Arletta A. I	Brewer,	Sam	e as	Line #	13	
		18 CAUSE OF DEATH PART I. DEATH WAS	Enter on	ly one cause per	line for (a), (b), and	dic			100	2	BETWEEN	MATE INTERVAL ONSET AND DEATH	-
		IARTI. DEATT WA	MMEDIAT	E CAUSE (0)	CARD	10 4	ESFIRAT	ORY	HKK	151			_
				DUE TO, O	R AS A CONSEQUE	NCE OF	- 2 PM	2 / 10	20				
		Conditions, if ony,		( b)_	Duc 61	201	AR 4 E 18/18	30615	. 11/				_
		gove rise to imme	the	DUE TO, OI	R AS A CONSEQUE	NCEQE	2 2 0 11 5	ma.c	7.0	- 11 -			
		underlying couse last DUE TO, OR AS A CONSEQUENCE OF COUNTRY OF THE ART											
	z	PART 2 OTHER SIGNIE	FICANTO	0 1 1	-		NOT RELATED TO THE TERM		OR CONDI	TION GIVE	N IN PART 1	CI .	Ī
_	CERTIFICATION	17/Yt.	400		ERAT	,	DESEAS		w2 T	201 15 755	WEDE EN ION	105.4500	majorije
	FICA	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP			WERE FINDIN		
_	E	AL ACCIDENT WAS UNDER	DINNE F	7 20 7045 0	F IN LILIEN		121. HOW IN HURY OCCUPE		10 📗	YES		NO [	_
,		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL		110110 4	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	(ED (ENTER NATIO	SE OF INJURY	IN ITEM 8 PAI	RI = DR PARI ()		
	MEDICAL	HE EITHER NOTIFY MEDICA		-		19	TALL LOCATION						
	MED	21d INJURY OCCURRE		21e PLACE	OF INJURY BEET FACTORY OFFICE F	ARM ETC )	211 LOCATION		ITY OR TOWN	4	OUNTY	MATE	
		AT WORK AT WORK				15							_
		220 I certify that (I) (t sow the deceased						to	7.0			that (I) (we) las	t
		above, (I) (we) (did	d) (did no	ti view the body	after death		nd that in (my) (aur) apinian (	deam occurred (	an the date	and nour			
		226 SIGNATURE	tion a	20		$\sim$	DEGREE ATTENDING .	MEDICAL	STAFF		22c DATE	SIGNED	
9		22d PHYSICIAN'S NAM	rag		2	000	PHYSICIAN PHYSICIAN	DIRECTOR	PHYSICIA	N	101	2//8/	_
F					(577-8	CILI		l • D 1	T . 1		w1 20°	706	
		Hema Ya					9470 Annapol			nam, I	Md. 20.	/ 00	-
		urial, cremation, re Specify) Urial	EMOVAL				EMETERY OR CREMATORY	23d LOCATI	IOWN		THINITY	TATE	
				10-30-			terans Cemete	ry Che	Itenh	am, F	P.G.,	Marylan	Ç
	COL	SIFRAIDIPECTOR A	CCII	S CONG	FILLED		750 DAII	E REC'D BY REC	DISTRAK 25	B KEGISTR	AK S SIGNAT	UKE	

4739 Baltimore Ave., Hyattsville, Maryland P.A.

DHMH 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burnaturans; permit in the State Dept of Health and Mental Hygiene prior to burnation.

MPORTANT If Hem 21 is marked or Item 18 shows any

14 FATHER'S NAME

CERTIFICATION

MEDICAL

Sigmund

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Carlo Carlo	0

MIDDLE

200 AUTOPSY?

Martyak

206 IF YES, WERE FINDINGS USED

- STATE REGISTRAR	2017	CERTIFICATE OF DEATH	REG. NO	*	
1. DECEASED NAME FIRST	WIDDIE	LAST LAST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
(TYPE OR PRIM) GASE	LEC Paul	BRINSKY	10	22-87	5:3014
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER I YEAR	
Male	Caucasian	January 5, 1917	70	'RS	HC /K MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	U.S.A.	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED [		UNTY OF DEATH	W
OUNTON	(IF NOT IN SUCH FACILITY, GIVE STE	RESING HOME OR OTHER INSTITUTION RESTADDRESS) MIRY IAMO 1105 PI	12a USUAL OCCUPATION	ING LIFE INDUSTRY	rney
USUAL RESIDENCE (IF NURSING HOM 13a STATE 13b CC Maryland Prin	EOROTHER INSTITUTION GIVE RESIDENCE BE DUNTY 130 CITY OR TO	OWN 136 INSIDE CITY LIMITS	?   13e STREET ADDRESS / ZIP (		44

	IN U.S. ARMED FORCES?  (IF YES GIVE WAR OR DATES)  WWII		Marie Brinsky	12415 Parkton S Ft. Washington,	t. Md.
PART I DEATH W	HENTEL ONLY ONE COUSE PER AS CAUSED BY IMMEDIATE CAUSE (0)	line far (o), (b), and (c)  CACO 10 NOS	P Arrest	+ Jarling	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any,	10)	R AS TOOMSEQUE DICEPOE	ony Eula	ers- s. H.I.	
couse (a), stating underlying cause		RANCONSEQUENCE OF	Surfery		

15 MOTHER'S MAIDEN NAME

Ella

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER LINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Brinsky

MIDDLE

10/20/82	Colon Carcin	one.	YES NOT	YES [	NO [
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 8 PART   DEPART 2	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	( ITY OR TOW	N	TAT

ı	22h CICNIATINI			DEODEE				00 0 4	75 6101150
ı	saw the deceased alive an above, (1) (ww) (did) (did nativ		1987	and that in (m)	() (our) opinion d	teath accurred on	the date and hour	and from t	ne causes stated
ı	22a Licertify that (I) (this hospital	//////	611	, , , –			UL	,	

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10/22/87

22e ADDRESS Corover 7501 Surratts Rd. #104, Clinton, Maryland

23o	BURIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF CEMETERY OR	CREMATORY	23d LOCATION		
	Rurial	10/26/87	Gate of Heaven	Cemeter	v Silver Spring	Mont.	Md -

6160 Oxon Hill Rd 250. DAJE REC'D. BY, REGISTRAR 236 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md. (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP. DHMH 16 60M 7/84

APORTANT

The second of th

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

0710	STATE OF MARYLAND
37   8, OCT 15 6	REGISTRAR CERTIFICATE OF DEATH REG. NO.
noy be poge 3	DECEASED NAME FIRST WAYNE COURTNEY BROWLEY, Sr. 20 DATE OF DEATH MONTH DAY YEAR 21 HOUR 9:00P M
D D D D D D D D D D D D D D D D D D D	3. SEX Male  Value  Val
01 247	Washington, D.C. U.S.A.    The CITIZEN OF WHAT COUNTRY?   SMARRIED   NEVER MARRIED   NEVER MARRIED   Prince George's   MD
201 102 103 103 103 103 103 103 103 103 103 103	Lanham  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Lanham  12. USUAL OCCUPATION  17. KIND OF BUSINESS OR  1
BALTIMORE, MARYLAND 2120 cote be executed the think his years. Poges 1 mag the wolf of the medical examinements.	Waryland P.C. New Carrollton 13d Inches City Limits? 17869 Riverdate Road 20784
MARYL	William Owen Bromley Mamie Kline
De execu	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 7869 Riverdale Ros Noves, NOOR UNKNOWN) (IF YES GIVE WAR OR DATES) 578-20-6650 Betty V. Bromley (Wife) New Carrollton, Mo
or the state of th	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY  (MMEDIATE CAUSE (a) RESPIRATORY FAILURE  MEMORIATE CAUSE (a) RESPIRATORY
NG PHYSICIAN The low requires that the death certiful ottending physician ther this certificate has been signed by the ottending phase the buriol-transit permit. Then please remove carbona th and Mental Hygiene prior to be 100, memotion, or remonted or term 18 shows any injurior agrant troumotic ever	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF
RDS, 20 equires to signed. Then ple	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 d
he low roon hos been the permit tene prio	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES   NO    210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART OF PART 7)
SICIAN T and physical certificate mol-transi entol Hyg	OR CONTRIBUTION CONTRACT I HOUR A.M. MONTH DAY YEAR
DIVISION  NG PHY:  ofter this os the bu th and M orked or	OR CONTRIBUTING CASE OF BEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  716 INJURY OCCURRED  WHILE NOT WHILE AT WORK IN AT WORK  WHILE NOT WHILE AT WORK IN A WORK  AT WORK IN A WORK  AT WORK IN A WORK IN A WORK  OR OF BEATH
ATTENDI sspitol or CTOR A d for use of Heol	220 1 certify that (I) (this hospital) attended the deceased from 4-7 5, 19 57, to 00-6, 19 57, that II (we) last sow the deceased alive on 19 57, and that in (my) (aur) opinion death accurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the bady after death
HOSPITAL OR ned by the ho FUNERAL DIRE Uld be detoched to the Stote Depti	276 SIGNATURE  OL POUR LUCIES DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
O HOSPIT etoined by TO FUNER should be with the Ste MAPORTAN	POURHAMIDI, ABOL M.D. Lanham, Maryland 20706
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 DATE 10/12/87 Fort Lincoln Cemetery Brentwood P.G. Maryland
DHMH 16 60M 7/84 (VRA 15, 4)	Francisco Sons Funeral Home, P.A.  4739 Baltimore Avenue Hyattsville, Md. 20781  756 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE  1756 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE  1756 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE  1757 BALTIMORE AVENUE HYATTSVILLE MD. 20781

5 8 7 1 8. OCT 15 97

STATE OF MARYLA.

180-10 : 1873 - S How to the religious religion to the little live in

069475 OCT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE FEGISTRAN		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE	REG NO	, d		
6		STA	NLEY	R.		ROOKS	20 DATE O	F DEATH MO	10-1		9 .10AM
-	1 5E) Mg	ale	RACE Caucasia	n	5 DATE C	27, 191 <sup>4</sup>	6 AGE IN	YEARS LAST BIRTHDA	YRS IF	INDER YEAR	IF INLER SHRY
ľ		ate Oxforeign seith N.D.	U.S.A.	at country	2 8	XXNEVER MARRIED		ORE CITY OR C			MD
1						PITAL CENTER		OCCUPATION RK FOR MOST OF WO			F BUSINESS OR
	13n S	AL RESIDENCE IT NURSING HOME OR OF THE TRANSPORT OF THE T	OTHER INSTITUTION GIV	CITY OR TOV	RE ADMISSION) NN Erlbore			ADDRESS / ZI Maples	r cope shade	Lane	20772
>	Ro	Dy	E.	Bro		15 MOTHER'S MAIDEN NA. FIRST Hazel	WE	MIDDLE E.		LAST	Harris_
	C	VAS DECEASED EVER IN U.S. ARA VES NOOR UNKNOWN) (IF YES GIVE NO N/A	WAR OR DATEST	79–10–0		Gladys C. B	rooks	Same a	s 13		MATEINTERVAL
	NO	Conditions, if any, which gave rise to immediate cause a stating the underlying cause lost	DUE TO, OR A	WELET	JENCE OF	NOT RELATED TO THE TERM	MNAL DISEA	SE OR CONDIT	ION GIVEN	IN PART 1 c	7
7	CERTIFICATION	190 DATE OF OPERATION		4		N WAS PERFORMED	200 AUT			VERE FINDING CAUSES	
	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED  NO! WHILE AT WORK	P.M. 21e PLACE OF	MONTH	19	211 LOCATION STREET	RED (ENTERN	ATURE OF INJURY IN	ITEM 8 PART	OUNTY	1ATE
		270 I certify that (I) (this haspit sow the deceased alive an abave, (I) (we) (did) (did not tune)			. or	, 19, 19	to	ed on the date			
		22d PHYSICIAN'S NAME (TYPE OF		July 10	0	ATTENDING PHYSICIAN &	DIRECTOR	PHYSICIAI	-	10/	41
	230 E	BURIAL, CREMATION, REMOVAL PECCIFY)	10/15/8			emetery or crematory		ation vortown nton Pr.	ince (	George	's Md.

DHMH 16 60M 7 B4

Lee Funeral Home Inc. 24 FUNERAL DIRECTOR Old Alexander Ferry Rd Clinton, Md 20735 (VRA 15, 4)6633

Clinton Prince George's Md.

250 DATE REC D BY REGISTRAR 279 REGISTRAR S SIGNMARE.

TO CAME A TELEST

		1	i tems	161, 20,2	18,0,0,0,8,	STA	ATE OF A	AARYLAND	(VCIENIE	7 n	1	2	-
67	264 OCT	11-	STATE ,	er Med. E.	X am GGG MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG I	NO		
•	20 7 001	I DE	CEASED NAME	FIRST		MICTIE		LAST	20 [	DATE KNOWN .	W. M. N	. AT YEAR 2	ь нои
	S S S E	100	E CK SKINII)	Anthon	У	G.	1	Brown		OF EST	9-	17 19 87	
	PLEASE ECTOR FILES HOURS	3 SEX	4	RACE	5 DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UN			DATE	MONTH	BAY YEAR	7d HOL
	DIR OUR ON S	2	le	Black		6,1971 1		DATE HOURS		DEAD	91	7 19 87 1	6:54
	NECESSARY PLEASE FUNERAL DIRECTOR S. FOR YOUR FILES WITH N 72 HOURS WARRESTON STREET		RTHPLACE 111A		76 CITIZEN OF WH		8 MARR	IED NEVER MARR	HED AN	ALTIMORE CITY			
	N S S S S S S S S S S S S S S S S S S S	10.6	TV OB TOURIN	Md.	U.S.		WIDOW	WIDOWED DIVORCED PLINCE GEOLIGE S					M
	DELAY IS NE TO THE FUN N PAGE 5.8 RE FILED, W	Cheverly			II NAME OF HOSPITAL, NURSING HOME, OR OTHE IF NOT IN LICH FACILITY OF ESTREET ADDRESS PRINCE GEORGES DEFLEYAL H			Stud	of working life	TYPE OF WORK	KIND OF BUSINESS OR INDUSTRY School		
21201	ANY (AND 3 RETAIL HOULD RECOR		TATE Md.	LISE COUNT		130 CITY OR TOWN Cheverl		13d INSIDE CITY LIMITS? YES X NO (	3501	56th	Pl.	20784	
18	AN 3 NO 2 ST	14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	MIDDLE		LAIT	
No.	AFTER DEATH SIVE PAGES 1. TH FORM PM AGES TAND 2 VISION OF VIRA		Clarenc			Parker		Yoland	la			own	
TUMO	PAR PAR	160 \	ES NO OR NKNOW	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	16b SOCIAL SECUR		17 INFORMANT	-	ADDRE		" . "	
BALTIMORE	DURS AFTER DE 18 GIVE PAGE 5 WITT PAGE TOWN MITT PAGES TOWN E, DIVISION OF		No			579-82-	7050	Yolanda	B. St	okes-S	ame a		
1 5	MATA WELD		PART I DEA	TH WAS CAUSED			d anara	minophen int	avies (Ta			APPROXIMATE IN BETWEEN ONSET A	ND DEAT
W. PRESTON ST.	24 H LICON PER GIEN			IMMEDIAT	E CAUSE (d)	AS A CONSEQUENCE		HILLINGS HER BUILD	OKIGALIO				-
SE S	HIN ER A INSIT	PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last  OI  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED?											
3	MIN WILL ANIN AIN OR B		cause (a) s	tating the <u>under</u>		AS A CONSEQUENCE	OF						
201	ON, ON,		lying cause	last	c								
DIVISION OF VITAL RECORDS, 201	D BE EXECUTED PENDING" IN PREDICAL EXAMEDICAL EXAMEDICA	-	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 o				
ECC	MED BE	CERTIFICATION	19a DATE OF C	PERATION	I tak CONIDIT	ION FOR WHICH OPE	BATIONIA	AC DEDECORNEDS				Tee ALIXABERE	
- X	CHIEF CHIEF BE USED NT OF HI	FICA	178 DATE OF C	PERATION	198 CONDII	ION FOR WHICH OPE	KATION W	AS PERFORMED?				20 AUTOPSY?	
> >	S S S S S S S S S S S S S S S S S S S	ERT	210 EXTERNAL	CAUSE WAS	216 TIME OF		21c H	OW INJURY OCCURRI	ED LENTER NATUE	E OF INJURY IN ITEM	8 PART 1 OR F		NO [_]
O N	PECA PRIM SRIM SRIM SRIM SRIM SRIM SRIM SRIM S		UNDERLYING	OR G CAUSE OF E		MONTH DAY YEA		ngestion of	deuce.				
VISIO	CERTIING DED T DEPA 1 PRIC	MEDICAL	21d INJURY OC	CURRED	21e PLACE C	FINJURY (AT HOME DRY FARM, ETC.)	211 LO	CATION					
ā	THIS CERTIFICATION WARDED TO THE WARDED TO THE WARDED TO THE THE THE DEPARTMENT THE DEPARTMENT TO THE DEPARTMENT TO THE DEPARTMENT TO THE DEPARTMENT TO THE THE DEPARTMENT TO THE	2	WHILE AT WORK	NOT WHILE		ED ATT		nce George's		Y OR TOWN		OUNTY	STATE
	ME: THE CORW		22a I certify	that I taak chara	e of the remains desc	ribed abave, held an	Autap	sy X Inspectio	in Ir	iquiry .	and in my o	apinian	
	ANNE PEROPERTIES TATE		death resulted	fram. Natur	ol causes .	Agrident . S	uicide	. Hamicide		ned manner	].	,	
	EXAM CERTII JULD B UDIREC H, WITH MARY			Il out	· (A)	11.10.		TITLE (SPECIFY)					
	KAL HOUNATH, RE, A	-	ACTUAL SIGNATURE	"Wayan	10 me	Trace	M	D. Assistar	T_MEDICAL	EXAMINER	SIGN	JED 9-18-87	1
	UNE INOIN	-	EXAMINER'S N	AME I	argari ta	7 Koroll	N. D	ADDRESS 111 F	Donn C+	reat Ra	1+0	MD 21201	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITING A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	7€a B	TYPE OR PRINT		3b DATE	731 NAME OF C					1100.	ILIN STSOT	
07 84	140	1	MATERIA DE LA CONTRACTOR DE LA CONTRACTO		9/25/87			W NATICE C	CITY OR TO	GITEMAD	200	G. W. STATE	
25M	DHMH 17	24 F	UNERAL DIRECT	OR				250 DATE	REC'D BY REC	ISTRAR 256 RE	GISTRAR'S		
	DUMU 17	111	NAME	0 11	ADDRESS	1000 D.	04	. du AFD	0 0 400	7 1.0	None de .	The Rose	

als tiple denote house ale

A.B.U

sitted to a state of the state

Fit was amenaged of aberday of or estated

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
- STATE REGISTRAR	CERTIFICATE OF DEATH

WASHINGTON, D.C.

NE

2 5 3

	REGISTRAR				CERTI	ICATE OF DEATH	REG	NO		
PED PRINTI			_ARA	MIDDLE		own	20 DATE OF DEATH	HINOM	25-87	26 HOUR - 00PM
3 SEX	EMALE	4 RACE DLACK		S DATE OF BIRTH ANG! 21AY 1910		6 AGE LINYEARS LAS	T BIRTHDAY)	IF INDER YEAR	IF UNDER CHR	
	COUNTRY			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT PRINCE GI		TY OF DEATH	
	ITY OR TOWN OF DEA	TH !				TAL CENTER	170 USUAL OCCUP LITYPE OF WORK FOR MS HUUSELL			DF BUSINESS ( E
	PAL RESIDENCE (IF NURS) STATE M.D.	136 COUNT P. G	TY	13. CITY OR 104		13d INSIDE CITY LIMITS?	130 STREET ADDRES	SS ZV CO	VE.	207
14 F.A	DORSEY	٨	MIDDLE	GRAY 1AS1		JOSEPHINE		Ē	GRAY '	st
	WAS DECEASED EVER (YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES!	579-24-		JEFFREY WINT	ERS CAPITO	STERN L HTS.	AVE MARYLA	ND
	gove rise to imm		J			les tructive o	nemonday	DI June		
RIFICATION	couse o statin underlying cause	nediate ig the last	DUE TO, O  (c)  ONDITIONS C	R AS A CONSEQUENTING TO	JENCE OF	NOT RELATED TO THE TER.		ONDITION C		NGS USED
MEDICAL CERTIFICATION	COUSE OF STATE OF COURSE OF COURSE OF STATE OF OPERATE OF OPERATE OF OPERATE OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF COURSE	DERLYING (ALEXAMINER)  THIS hospit  CAUSE OF DEA  (ALEXAMINER)  THIS hospit  CAUSE (ALEXAMINER)  AME (11980)	DUE TO. O  (c)  ONDITIONS CI  196 COND  216 TIME C HOUR A P  21e PLACE IAT HOME S1  OI) ottended th  / 6 - 2 view the body	ONTRIBUTING TO  OF INJURY  M. MONTH E  M. OF INJURY  REET FACTORY OFFICE  The deceosed from  19	DAY YEAR  19  FARM ETC)	216 HOW INJURY OCCU  211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NOE  RRED TENTER NATURE OF	20b IF Y IN CER  INJURY IN ITEM 1  DRIOWN  DE date and h	(ES, WERE FIND TIFYING CAUSE: YES	ITAITE  Tho (I) we couve stated
	Couse of stating underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERAT  210 ACCIDENT WAS UNDOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT	TION  DERLYING CAUSE OF DEA' CALEXAMINER)	DUE TO. O ONDITIONS CO  196 COND  216 TIME C HOUR A P 21e PLACE	R AS A CONSEQUENT OF INJURY  M. MONTH E  M. OF INJURY	DEATH BUT H OPERATIO  DAY YEAR 19	NOT RELATED TO THE TER. ON WAS PERFORMED  216 HOW INJURY OCCU	200 AUTOPSY?  YES NOE  RRED TENTER NATURE OF	20b IF Y IN CER	VES, WERE FIND TIFYING CAUSE YES	NGS USE S OF DEA NO [

20019

DHMH 16 60M 7 B4 (VRA 15, 4)

BP.

07CE3311/184 

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME DATE KNOWN OF Donald Brown DEATH MATED 24 19 87 10 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PM PRONOUNCED 1987 10 24 DEAD 08-22-1948 To BIRTHPLACE INTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? NEVER MARRIED Prince George's County County WASHINGTON, D.C. USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Riverdale Leland Memorial METER REPAIRMAN GOV T UAL RESIDENCE IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN DC 135 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS WASHINGTON 1173-46th PLACE. YESK. 14 FATHER'S NAME MIDDLE LAST DONALD BROWN WILLIE MAE CARTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 4111-51st STREET, #102 NO 579-64-2244 EXECUTE THE CREMENCATE, WRITING THE WORD "PENDING" IN PENCIL IN 1FEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG THE CHIEF MEDICAL EXAMINER ALONG THE CHIEF PAGE 3 SHOULD BE USED AS A BIVIAL - TRANSIT PERMIT AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (o), b), and (c) PART I DEATH WAS CAUSED BY Pulmonary embolus IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATI RE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TICAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET FACTORY FARM ETC.) WHILE AT WORK CITY OR LOWN Autopsy X 22a I certify that I took charge of the remains describe to the second of an Inspection Notural causes X death resulted from: Hamicide . Undetermined monner ACTUAL 10/25/87 SIGNATURE EXAMINER'S NAME Dennis F. Smyth M.D. Penn St. Balto.MD. (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH 17 (VR A15 ME (5))

10-29-87 BURIAL 24 FUNERAL DIRECTOR

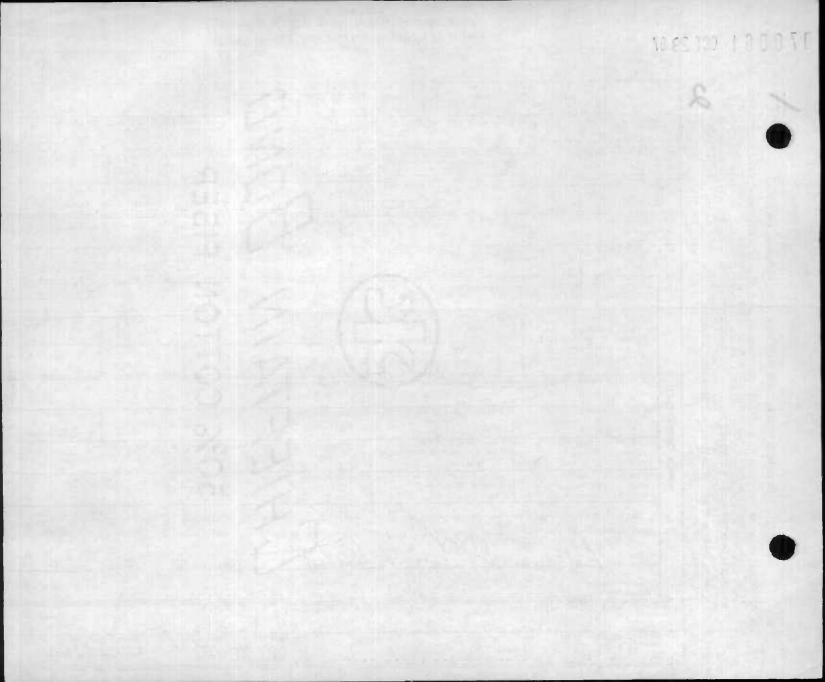
ALEXANDER S. POPE

FORT LINCOLN

2617 PENNA., AVE., S.E.

BLADENSBURG

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



_	6	 
	-	

NOV

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	T Date	LASED NAME FIRST	MIDDLE	I.	AS1	20 DATE OF DEATH N	AONTH DAT	YEAR	25 HOUR
	D.W	FRIS	ANK B.	B	ROWN		10 29	1871	955AM
	3 SEX	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF	INDER YEAR	9 N R 3 HR1
		mare	WHITE	MONTH	27 1901	86	YRS	JMS CAT	HC R MIN
-		RTHPLACE ( I TATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	1	9 BALTIMORE CITY OR	COUNTYO	DEATH	
5		Mary 19 na	USA	WIDOWE	DIVORCED	Prince	Gen	Cars	MD
1	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE		R OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS OR
2		Adelphi	HILL AND IN SUCH FACILITY, GIVE ST	UISING	Center	EKVALTOR CON		INDUSTRY EZ	EVATOR
-	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		FORE ADMISSION)	13d INSIDECITY LIMITS?	13e STREET ADDRESS /		20	912
)	_	Md. 1.	5 TAKOMO	Fork	YES NO	17305 150	P1. 1	Atom	Park Ma
7	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME		(ASI	
		Jo	MORGAN BI	"GWn	MARY	Louise		GORI	MAN
		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES!	ECURITY NO.	17 INFORMANT	ADDRES	35	A	+ 1-
d		NO 1	NONE 578-0	1-8121	HARVEY To	JACKSON, SR.	Signie		13
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b)	0 1	u Ann - =	-		BETWEEN O	MATE INTERVAL DISET AND DEATH
		IMMEDIAT	TE CAUSE (o)	194101°	MERCES	• (			
		. W G TU.	DUE TO, OR AS A CONSE	OUENCE OF	C CARGIN	Ods A			
		Conditions, if any, which gove rise to immediate	(b) MC(1)	12/1/	ic cities in	70000			
		cause (o), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF					
		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	INI PART 1	
	Z O								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W		
X	TIE					YES NO	IN CERTIFYIN	CAUSES	NO []
5	CER	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OP PART (	
7	CAL	OR CONTRIBUTING CAUSE OF DEA	RIFF	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	CE FARM ETC.	211 LOCATION STREET	TITY OR TOW	/N	YIMUC	TATE
	~	A WORK NOT WHILE		1	1.4	1000	-	D	
		22a I certify that (1) (this hospi		011.1	19 06	o to 10 - 2	19.	8.7	that II we lost
		obove (I)(we) (did) (did no	10 - 29 - 1		d that in (my) (our) opinion	death occurred on the dat	e and hour or		
		226 SIGNATURE	Kolin - Wi		DEGREE ATTENDING	MEDICAL STAFF		10 - 2	SIGNED
1		22d PHYSICIAN'S NAME LIVE O	DE COLLEGE OF THE COL		PHYSICIAN 220 ADDRESS 1117	DIRECTOR PHYSICI		10 2	1 0
		Pro-	BENNER MD		11161	,	NPSHI		ruc nu
-	22- 0	SURIAL, CREMATION, REMOVAL			SILV	123d LOCATION	MP	2090	7
		SPECIFY)	236 DATE		EMETERY OR CREMATORY	CITY OR TOWN	000	DUNIY	MATE
	24 FL	UNERAL DIRECTOR	1981	CHAMBE	ORS CREMATOR	4 RIVERDALE	THE TOUS THE M	JUA	-41-11-11
		NAME	ADDRE	5500	NU	100 100	()		

CHAMBERS FUNERIM HOME SIWER SPRING, MD.

DHMH 16 60M 7 B4 (VRA 15, 4)

103-101-130-170 

07 84 25M

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
93 OCT 2	J di	PEGISTRAR EASED NAME FIRST	MODIE 1AST 2- DATE WOODE
ASE DR ES. ES.	(TYP)	James James	Willner Brown OF ESTI DEATH MATED TO -7.83
RY, PLEAS DIRECTOR DUR FILES 72 HOUR DN STREET	11		ATE OF BIRTH INTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED  7 3 YRS.
ECESSA NERAL FOR YOUTHIN		RTHPLACE (STATE OR 76. C	ITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH
Z502₹	4	ON FILL	WIDOWED DIVORCED DIVORCED MAD MAD NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (170E OF WORK 170E KIND OF BUSINESS
DELAY IS TO THE F N PAGE BE-FILED, DS, 201 V	19	von Hill 13	1935 Southern Aulule Return Cook Navy Det
DEATH. IF ANY DEL	130 SI	TATE, 136 COUNTY	RINSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)  132 CITY OR TOWN  134 INSIDE (ITY LIMITS? 136 STREET ADDRESS  OXOL Fill YES NO 0 313 Southern Avenue
MAL 23.2	14 FA	THER'S NAME MIDE	DIE LAST IS MOTHER'S MAIDEN NAME MIDDLE LAST
PAGES FORM ES 1 AN		AS DECEASED EVER IN U.S. ARMED F	1. Dimme Estella Brown
JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION	(YE	S, NO, ORUNKNOWN) (IF YES, GIVE WAR OF	
G WIT P		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY	BEIWEEN USBEI AND DEATH
A 124 H A ITEM ALON IT PER YGIEN OVAL		IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF
VITHIN VCIL II INER RANS TAL H		Canditions, il any, which gave rise to immediate	(b)
UTED V IN PER EXAM SIAL - TI O MEN		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF
WENDING" "PENDING" "FE MEDICAL SED AS A BUR "HEALTH AN AL, CREMATI	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0
HOULD BE RD "PENE HIEF MEE USED AS OF HEALT RIAL, CRE	CATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
インエングをく	RTIFI		YES NO I
THICATE SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOWN TO BE SHOWN	MEDICAL CERTIFICATION	710 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR  1 P.M. 19
CERTIING ITING DED TO DEPA DEPA	MEDIC	216 INJURY OCCURRED WHILE NOT WHILE	71e PLACE OF INJURY (ATHOME 711 LOCATION STREET CITY OF TOWN COUNTY STATE
THIS WARI PAGE 2120		AT WORK AT WORK	
FORE FORE TOR: THE S		270 I certily that I took charge al to	he remains described above, held an Autapsy Inspection Inquiry and in my apinian  Undetermined manner  Accused Suicide Homicide Undetermined manner
LEDICAL EXAM UTE THE CERTIF E 4 SHOULD BE UNERAL DIREC R DEATH, WITH IMORE, MARYL		2.	Suicide   Homicide   Undetermined manner   TITY SPECIFY:
CAL EXA THE CER SHOULD SATH, WI SEE, MAR		SIGNATURE ALGREST	M.D. SEMLET MEDICAL EXAMINER SIGNED 10-9-87
TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR		EXAMINER'S NAMINALES TO	off- Karlenger ASIN
DAY OF A BANK	73a.Bl	JRIAL, CREMATION, REMOVAL 236 DA	TE 234 NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP	21.51	purial 110-	15-87 Wash for National Switten to Mayland
DHMH 17	74 FU	INERAL DIRECTOR	ADDRESS

10 02 703 70 70 00 0 Some to home town E 241-11 1 3 1 1 1 Come haven

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

3023

		STATE			OLI AKTI	CERTIF	ICATE OF DEATH	REG	G NO		
		EASED NAME	FIRST	1	MIDDLE	L	AST .	20 DATE OF DEAT	TH MONTH E	DAY YEAR	26 HOUR
	TYPE	OR PRINT)	Matil	.da	C.	Br	own		Oct. 10.	, 1987	11:20A M
	3 SEX			4 RACE		5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER LIFEAR	IF UNDER 14 HR
	and the	Female		Whi	te	Fe Fe	b. 16, 1898	89	YRS		NO RS MIN.
1		OUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IEI	D NEVER MARRIED	9 BALTIMORE CI			
		MD		U.S	.A.	WIDOWE			e George		MD
7		ry or town of D yattsvill		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET TSVILLE M	AOORESS)	DR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Homema	AOST OF WORKING LIFE		
	130 S		13b COUP		GIVE RESIDENCE BEFORE 136 CITY OR TOW Hyattsv	N	13d INSIDE CITY LIMITS?	13e STREET ADDR 6500 RI	ESS / ZIP CODE	2078	3
L	I4 FA	John		MIDDLE	Crawford		15 MOTHER'S MAIDEN NA FIRST Mary	MID:	llen	Daw	son
		AS DECEASED EVE ES NO OR UNKNOWN)		MED FORCES? VE WAR OR OATES)	577-84-		Phyllis B.		DDRESS 204 Star	dust L	20817  a. Beth.  XIMATE INTERVAL HONSET AND DEATH
	NOI	Conditions, if or gove rise to i couse oi, sto underlying counderlying couperful PART 2 OTHER SI	ny, which mmediate iting the use lost	DUE TO, O	R AS A CONSEQUE	C br	O VOLCULO.			EN IN PART 1	0
)	CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	_	INGS USED S OF DEATH?
31	MEDICAL CERT		CAUSE OF DE	R) P. P. 21e PLACE	M. MONTH DA	A. MONTH DAY YEAR A. 19					TATE
		27a   certify that (i) (the tesperal) ottended the deceased from Nove 11 19 85 to 000 19 19 800 the deceased alive on Oct 10 19 87 ond that in (my) (00) opinion death occurred on the date and hour and to above, (i) (suc) (solid (did not) view the body ofter death.									E SIGNED
		22d PHYSICIAN'S Chris		or Unger	un	1	ATTENDING PHYSICIAN PHYSICIAN REPORT	DIRECTOR   PI			. 10, 198 <sup>3</sup> 20814

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

Cremation

Mt. Comfort Crematory Alexandria, VA

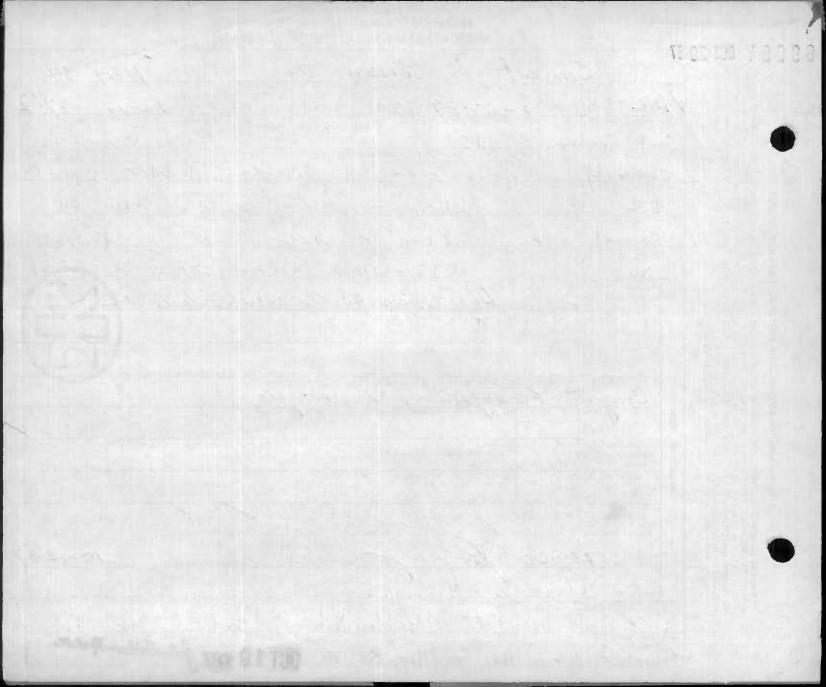
Inc.

250 DATE OF 250 PROFESSIONALURE

20016

DO CHARLENY 12:20 Mab. 16, 1998 | 89 | | Percental content On browning that the street street street street 10 To Safetaville X eliterative of the maring and a second a second and a second and a second and a second and a second an 197-4-0005 Phyllia B. Wolen colo Sur nat in. sets. Consection of Deliver of Mt. Confort Seamtony Classician, VA Jacob Candinale Sount, Tro.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE TIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE 2b HOUR KNOWN FRONTH TYPE OF PRINT OF E FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS IN PRESTON STREET. DEATH MATED 2d HOUR IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT To BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED , 2, AND 3 TO THE FUN 13. RETAIN PAGE 5 F 2 SHOULD BE FILED, W FALRECORDS, 201 V 126 KIND OF BUSINESS OR INDUSTRY CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY GIVENTREET ADDRESS) HOURS AFIEK CETT, 2, AND 3 TO WIR GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BE FIRMIT PAGES 1 AND 3 TO WALKE CORDS, 2 USUAL RESIDENCE (IF IN JURSING HOME OR OTHER INSTITUTION OF 30 STATE 13c CITY OR TOWN 13d HISIOE CITY LIMITS? 130 STREET ADDRESS COUNTY 14 FATHER'S NAME FIRST Samue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMAL (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause persone for (a), (b), and (c) APPROXIMATE IN TRVA CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ITING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG WESTOULD BE USED AS A BURIAL. FRANSIT PERMIT DEPARTANTLO HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURIAL, CREMOVAL. PART I DEATH WAS CAUSED BY TANGUE Chiden as and IMMEDIATE CAUSE DUE TO AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [ NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD SH CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET FACTORY FARM, ETC 1 CITY OR TOWN 22a I certify that I took charge of the remains described above, held on Autopsy Inspection | death resulted from Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER guez, ADDRES 5009 Rayburn Temple Hills, MD (TYPE OR PRINT) Augusto 230 BURIAL CREMATION, REMOVAL 236 DATE THE HAME OF CEMETERY OR CREMATORY 23d LOCATION 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAN DHMH - 17 VR A15 ME 5



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Fages, I and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.

BP.

DHMH 16 60M 7 B4 (VRA 15, 4)

070957

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE CERTIFICATE OF DEATH

P	7 REGISTRAR				ICATE OF DEATH	REG. I	NO				
	DECEASED NAME FIRST	MIDDLE LAS'			ASI	20 DATE OF DEATH					
114	VPE OR PRINT! WILLIAN	M EUGENE		BROWN			OCT	31	87	12:47	
3 SI		4 RACE Caucasian		5 DATE OF BIRTH Feb. 23, DAY 1916		6 AGE (IN YEARS LAST E	BIRTHDAY	IF UND		IF UNDER JAMES	
	Male					71	YRS	(L)N(H)	VINS DATS HE RS MIN		
7a l	BIRTHPLACE THATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DI	EATH		
5 1	Iowa	U.S	.A.	WIDOWE		Prince	Geor	ges 1	Co.	M	
	Andrews A.F.B.	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY GIVE STREET A 11 Grow H	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST MUSICIA	OF WORKING		DUSTRY	f BUSINESS OR itary	
130	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Prince		13c CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 2402 Bel	air D	DE T.	2	0715	
14. F	FATHER'S NAME FIRST	MIDDLE	t AST		15 MOTHER'S MAIDEN NA	MIDDLE			LAS'		
-		Vise	Brown		Carrie	Marie	RESS	H	anse	n	
	WAS DECEASED EVER IN U.S. A.	IVE WAR OR DATES	166 SOCIAL SECUI		17 INFORMANT						
	Yes		569-36-5	702	Gertrude W.	Brown (wif	<b>e</b> ) S	ame .		MATE INTERVAL	
ATION		CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM				WERE FINDINGS USED ING CAUSES OF DEATH?		
7 9	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				GS USED	
CAL CERTIFICATION	CONCOMISSION C CAUSE OF DE	216 TIME C			21c HOW INJURY OCCUR	YES NO	IN CER	YES _	CAUSES	GS USED	
MEDICAL CERTIFIC	CONCOMISSION C CAUSE OF DE	216 TIME C HOUR A P 21e PLACE	PFINJURY M. MONTH DA M.	AY YEAR		YES NO	IN CER	RTIFYING YES	CAUSES	IGS USED OF DEATH?	
	OR CONTRIBUTING CAUSE OF DI  (I) IF EITHER NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHIE NOTIFY WHITE AT WORK  270 I certify that (1) (Managed of the obove, 1) (man) (did) (Additional colors)	21b TIME C HOUR A P 21e PLACE (AT HOME STI	OF INJURY M MONTH DA M. OF INJURY REEL FACTORY OFFICE FA	AY YEAR 19 ARM ETC)	211 LOCATION STREET  OCT 19 87 and that in (my) 100 apinion	YES NO RED (ENTER NATURE OF IN	IN CER	RTIFYING YES   B PART OF	CAUSES  R PART 21  DUNTY  87	IGS USED OF DEATH? NO	
	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  THE CONTRIBUTION OF THE CAMPANIA  THE CONTRIBUTION OF THE CONTRIBUTION OF THE CAMPANIA  THE CONTRIBUTION OF THE	21b TIME C HOUR A P 21e PLACE (AT HOME STI 21e View the body	OF INJURY M MONTH DA M. OF INJURY REEL FACTORY OFFICE FA	AY YEAR 19 ARM ETC)	211 LOCATION STREET  211 LOCATION STREET  19 87  and that in (my) are opinion  DEGREE  ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF IN	IN CER	RTIFYING YES   IS PART OF	CAUSES  RPART 71  DUNTY  87  from the	IGS USED OF DEATH? NO	
	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINE)  WHILE NOT WHILE AT WORK  270 I certify that (I) (the hear)  saw the deceased olive or obove. Ill contribution (in the hear)  272 I Servify that (I) (the hear)  Saw the deceased olive or obove. Ill contribution (in the hear)  272 I SIGNATURE  272 PHYSICIAN'S NAME (TYPE	216 TIME C HOUR A P 21e PLACE (AT HOME STI 31 Of View the body	OF INJURY M MONTH DA M. OF INJURY REEL FACTORY OFFICE FA	AY YEAR 19 ARM ETC)	211 LOCATION STREET  OCT 19 87  nd that in (my) - opinion  DEGREE	VES NO RED (ENTER NATURE OF IN IT OR STORECTOR PHYS	IN CER	RTIFYING YES [] 18 PART OF	CAUSES  RPART 71  SUNTY  87  from the	IGS USED OF DEATH? NO	
MEDICAL	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINE)  WHILE NOT WHILE AT WORK  270 I certify that (I) (the hear)  saw the deceased olive or obove. Ill contribution (in the hear)  272 I Servify that (I) (the hear)  Saw the deceased olive or obove. Ill contribution (in the hear)  272 I SIGNATURE  272 PHYSICIAN'S NAME (TYPE	21b TIME C HOUR A P 21e PLACE (at HOME STI OTHER STI VIEW the body	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE FA  alter death.  CHAEL P.  23c N.  11n	AY YEAR 19 ARM ETC; 3 3 Of or	211 LOCATION STREET  211 LOCATION STREET  19 87  nd that in (my) are opinion  DEGREE  ATTENDING PHYSICIAN	VES NO RED (ENTER NATURE OF IN IT OR	IN CER	TIFYING YES 1 19 1 19 1 19 1 19 1 19 1 19 1 19 1	CAUSES  R PART 71  OUNTY  87  from the  72 DATE	IGS USED OF DEATH? NO  IATE  IATE  IATE  IATE	

Citate office at a consist with self-life that the self-life terms of the self-life terms.

desired Principl Courter, 2 of a Church, Va.

pe

068770

	FOR
	STATE
A 19	DECICTRAD

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 00	OCT H	A7 REGISTRA	R		CERTIFICATE OF DEATH  REG NO									
1 0 00		DECEASED NA			MIDDLE		LAST		28 DATE OF DEATH		AY YEAR	26 HOUR		
ge 3		(TITE ON PRINT)	LOTT	15		BUCK	NER			09	30 84	2:25 PM		
pod .		3 SEX	1	4 RACE		5 DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
ge 4		FEMALE		BL.	BLACK 3°			3 1900		7 . YRS		HOURS MIN		
S P G	00	70 BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?					9 BALTIMORE CITY OR COUNTY OF DEATH				
in 7.	20	Maryla	end	L	WIDOWED DIVORCED				CHEVERLY, MD- PGC MO					
( 教	0	IN GITY OR TOW	N OF DEATH		11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					120 USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
by th	H	Never	11	PRIN	PRINCE CEORDES COMM. HOSE RETIRED - DOMEST							KER		
d be	of isa	130 STATE	13b CO		HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d INSIDE CITY LIMITS?					13e STREET ADDRESS				
Filled hould	70	M		P6	FAIR	MONT HE		NO []	6112	KOL	B ST.	, 20743		
10/	127	14 FATHER'S NAME  15 MOTHER'S MAIDEN NAME  18 MOTHER'S MAIDEN NAME  18 MOTHER'S MAIDEN NAME  18 MOTHER'S MAIDEN NAME  18 MOTHER'S MAIDEN NAME									51			
	4	Alber	+	trock	octor Mary					SW ann ADDRESS				
26 4	OUS											eat Pleas		
1	So	NO No 71903-1808 Juletta Draxton 608 74 Ave. md.												
	48	18 CAUSE	OF DEATH Enter	anly ane couse per					22		BETWEEN	MATE INTERVAL ONSET AND DEATH		
100			IMMEDIATE CAUSE (a) RESPIRATORY ARREST											
	0		Canditions, if any, which gave rise to immediate											
offer of the state	0d													
y the	in	cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last												
ed b	Mash I	0.407.0.00	(c)											
sign hen i		_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
not I		I PO DATE C	MULT CV	196 COND	ITION FOR W	HICH OPERATION	ON WAS PERF	ORMED	20a AUTOPSY?	20b IF Y	ES, WERE FINDI	NGS USED		
hos h	0	RTIFICATION OF STATE						J	YES P NOT		IFYING CAUSES	OF DEATH?		
ysicio cate ansit Hygie	<u>8</u> 2	210 ACCIDE	NT WAS UNDERLYING				21c HOW I	NJURY OCCURR	ED (ENTER NATURE OF IN					
physical property of the physical physi	H	OR CONTRIB	JTING CAUSE OF E	- CAIII	M MONTH	DAY YEAR								
Mer A		2	OCCURRED	21e PLACE	OF INJURY		211 LOCAT	ION						
offer the sthe	4	WHILE AT WORK	NOT WHILE	(AT HOME, STI	LEET, FACTORY, O	FFICE, FARM, ETC.)	ZIMEE		CITY OR 1	OWN	COUNTY	STATE		
or o	ਰ	220 I certif	220 I certify that (I) (this haspital) attended the deceased from 9/21 19 87 to 9/30 1987 that (I) (we) last											
pital pital for t	O O	saw th	e deceased alive	not) view the bady	after depth	19 57	and that in (my	/1 (aur) apinion d	eath accurred an the	date and ho	our and fram the	causes stated		
has piREC thed bept tem	(D)		276 SIGNATURE DEGREE 226 DATE SIGNED											
AL Date Date Date Date Date Date Date Date	M	k	I andra	4 Rober	- vapru	Redwar	MO	PHYSICIAN [	MEDICAL ST	SICIAN (	9/3	0/87		
d by	H	-	27d PHYSICIAN'S NAME   TYPE OR PRINT) / 27e ADDRESS											
D FUN		SAM	DRA Y.	RUBINSU	GEORGES	H05	PITAL	-						
5 € ₹ ₹ ₹ ₹	1 3	230 BURIAL CRE	MATION, REMOVA			23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE		
BP		Burio	4	10-7-	87	MIO	livet	Cem	. Wash			D.C.		
DHMH-16 20	м	14 FUNERAL DIR	CTOR .	. 100	ADDRE	55 0.	Coral	HILE 250 DATE	REC'D BY REGISTRA	R 256 REGIS	TRAR'S SIGNAL	URE		
(VRA 15, 4) 7/	78	('OMer	-Hodge	× 4401	Morth	no tk	ind		1 5 1987	Truke &	renderman - 1			

BP. DHMH 16 60M (VRA 15, 4)

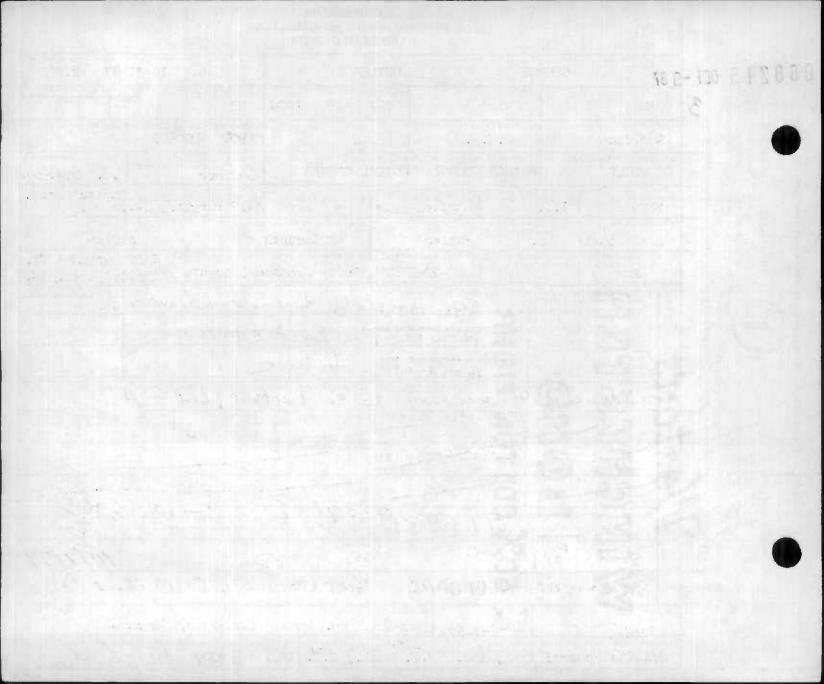
0682

0

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENDAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPART		CATE OF DEA		IENE REG N	0			
T -		CEASED NAME FIRST OR PRINT) GEOR		IDDLE	BUTL	ER		20 DATE OF DEATH	10-(	)1-87	26 HOUR 2.05A	
3	3 SEX		4 RACE Black		S DATE O	F BIRTH	1904	6 AGE (IN YEARS LAST BIR	THDAY)	IF NOER YEAR	IF N(IFR 1 HR'	
25		RTHPLACE MATE OR FOREIGN PARTY LAND	76 CITIZEN OF W	VHAT COUNTRY?	8 MARRIED WIDOWEI	NEVERMAI	RRIED -	PRINCE GEORGES				
4	СН	EVERLY	PRINCE	OSPITAL, NURSIN	MED'I'CA			126 USUAL OCCUPATION IT PROFOUND FOR MOST OF WORKING LIFE INDUSTRY Laborer D. C. Gove				
	13a S	AL RESIDENCE IN NURSING HOME OR STATE 136 COUNTY P. G.	ITY	ISC CITY OR TOW Capitol	/N 1			11. STREET ADDRESS 5918 Burgur	idy S	Capito t., Md.	ol Hgts.	
0		Thomas E	MIDDLE	Butler			abeth	MIDDLE		Harley	51	
/		VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (1F YES GIV	220-09-		Betty J		n (Daughter		18 Burgu oitol Ho	indy St.		
	NO	Canditians, if ony, which gove rise to immediate cause oi, stating the underlying cause lost	D BY E CAUSE (o)  DUE TO OR  (c)	Squar Right 2 espir	the of the of	abstn 1 fail	line DIHE TERM	nal disease of con		VEN IN PART I	UMATE INTERVAL  ONSET AND DEATH	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATION	N WAS PERFORM	1 (	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES		
7	MEDICAL CER	2 TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA	P.A	A MONTH D	19	211 HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU		PART )R PAH 1.	3TAT	
Daviding 17 man (17)	W	3,000	tal) attended the	30 19 Softer death	679 an	DEGREE ATT	ENDING	death accurred an the d	<i>10</i> — ate and ha	19.87	that I (we) lost	
		SH RINIVAT		IDAPI				IRRD CA	EUE	ERLY.	ris)	
		BURIAL, CREMATION, REMOVAL (SPECIFY)  BUrial	236 DATE 10-6-1	1987 H	<i>larmon</i>	emetery or cre y Mem. P	ark	Landover,			TATE	
84	24 F	oling Funeral	Home, I	nc. N. E	339 Hi E. Was	int Pl., h., D.C.	0C7	8 1987	Julia	Jeoid		



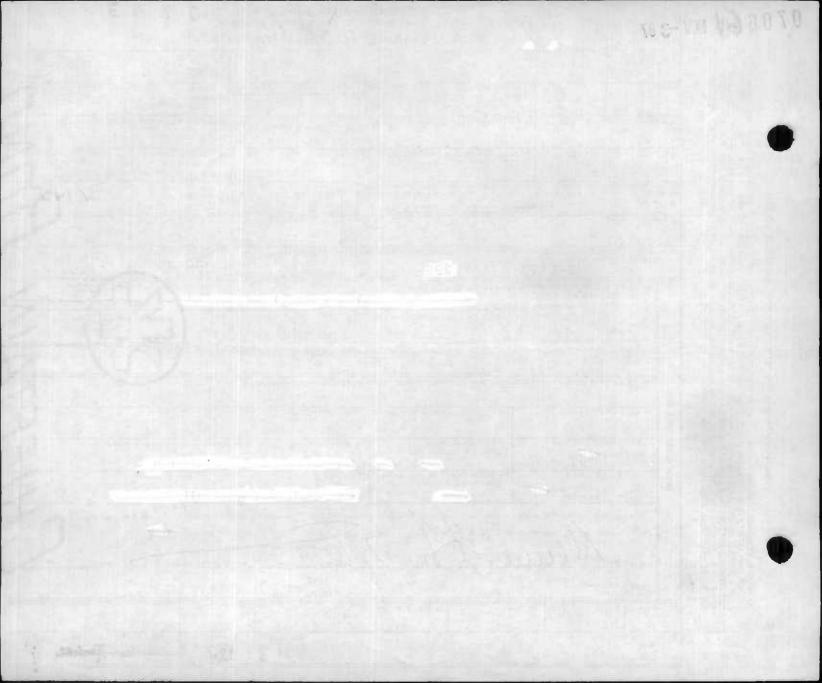
VISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE

		REGISTRAR			CERTIFI	CATE OF DEATH	REG NO	5		
		CEASED NAME FIRST	MIDDLE		LA	121	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
y be deoth	TIABE	DAVIJ	D C	9	BY	RD		10 01	87	11:02 %
mo po fer d	3 SEX		RACE		5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF	INDER YEAR	IF UNDER JUHR
8 95 /	Ma	le ¢	aucasian		Apr	il 1, 1922	65	YRS		NO313 MIN
			L CITIZEN OF WHAT	COUNTRY?	MARRIED	XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			/
1 200		st"Virginia	U.S.A.		WIDOWE	DI DIVORCED	HRINCE GE		OUN:	ty MD
8 86	C	LINTON	SOUTHERN	MARY	AND	HOSPITAL	Lithograph	F WORKING LIFE)	126 KIND OI INDUSTRY Detwei	Juda &
135	Mar	TALE 136 COUNTY Land	G. FOR	SIDÉNCE BEFÓRE LITY OR TOWN ESTVII		136 INSIDE CITY LIMITS?	13. SIREET ADDRESS	rta Dri	ıve	20747
\$ 11/60		alter C.	NDDIE	Byrd		Elizabeth	MIDDLE V.		Dunca	n
Faper C	16a V	Yes unknown 1941		3-28-64		Marjorie M.	Byrd Same		<b>⁄</b> −E	
The state of the s		18 CAUSE OF DEATH Enter on	y ane couse per line fo	or oil (b) and	IC -				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
5311	PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0) No CT & MY COARD A ZNEAR CYTEN								1 1.0	CM
4 4 1 X			DUE TO, OR AS A							
deo oote oote ove stron		Conditions, if ony, which	(b) Zs	chemic	Hear	& DISARRO			y.P1.	7.5
by the offi ise remove cremation		gove rise to immediate couse of stating the	DUE TO, OR AS A	CONSEQUE	NCE OF					
thothe description of the second of the seco		underlying cause lost	(c)							
en p bury.	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	
red sen s	은	11 7110-17-05 M		J) UNE		N WAS PERFORMED	20g AUTOPSY?	Table (E.VEC. VA	/FDF FINID II	105 14550
we have	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION	A MAS PERFORMED	YES NO	20b IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEATH?
		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR AM.		Y YEAR	214 HOW INJURY OCCUR	RED LENTER NATURE OF INJU	TRACE BE MATERIAL ES	OR PART 2	
SPEEL!	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	PM		19					
The state of	MED	AT WORK NOT WHITE AT WORK	21e PLACE OF IN		ARM ETC )	211 LOCATION	CITY OR 10	WN	OUNTY	1 A 1 E
11 4 1 4 1		22a I certify that (I) (this hospit	th attended the desi	eased from		71/16 19 72/	to	14/2 10	27	that (I (we) last
Piton Piton		sow the deceased alive on obove, (1) (weithdad) (did not	7/	8 19	87 , on	d that in (my) out) opinion		ate and have as		
45 83 6 1		22h SIGNATURE	1/	deam		DEGREE			220 DATE	SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(8M-)	reflate			ATTENDING PHYSICIAN [	MEDICAL STATE	IAN	10/0	187
55 915 5 7	1	224 PHYSICIAN'S NAME LTYPE OF	PRINT			22e ADDRESS		,	mp 2	0744
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Robert 1	EDZBAL	AM	D	11701 LIVIA	IGSTON RI	0, F+.L	UAShi.	NIFON
Es Hara		BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION		JUNIY _	ITATI
BP		urial	10/05/87			d Veterans Ce				
DHMH 16 60M 7 B4		JNERAL DIRECTOR Lee F				0.0	T O MOT	Julia D		
(VRA 15, 4) 66.	33 (	old Alexander Fe	rry Rd Cli	inton,	Md 20	/35 06	0 190/	guia D	Director.	Versione

TO 8-11 11 10 00 CHARLES SOME THE WALL WITH Bearing the contract of the second of the se

706 64 NO	73	POP ONTE THE HELL REGISTRAR			AND NOTE OF		
		ECEASED NAME	MIDULE		LAST	20 DATE KNOWN	
RSS SE	100		ARD D.		BYRD	OF ESTI DEATH MATED X	9 7 , 17
IS NECESSARY, PLEASE E FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED. WITHIN 72 HOURS I W. PRESION STREET	3 SE		5 DATE OF BIRTH MONTH DAY YEAR	LAST BIRTHDAY	NDER 1 YR IF UNDER 2	MIN. PRONOUNCED	9 11 19 87 10 Å
ARRY VOL VOL		ale Black	7- 26-138	49 YRS		DEAD	9 11 19 87 TA
CES	5 1	OREIGN COUNTRY)	The Citable of What Cooke	MARR	IED NEVER MARRIE	D 🔲	
S S S S S S S S S S S S S S S S S S S	V	irginia ITY OR TOWN OF DEATH	U. S. A.	WIDOW		D X D PITTICE GEC	orge's County MIE OF WORK 1126 KIND OF BUSINESS
> = 5 = 8	1	Oxon Hill	(IF NOT IN SUGH FACILITY GIVE STRI 4545 Wheeler I	EFT ADDRESS)		FOR MOST OF WORKING LIFE	OR INDUSTRY  Engineer
- m=0x	ÚSU		OR OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)			
SAFTER DEATH. IF ANY DELA GIVE PAGES 1. 2. AND 31O GIVE PAGES 1. 2. AND 31O HITH FORM PM 3. RETAIN PA PAGES 1 AND 2 SHOULD BE FIVISION OF VITAL RECORDS.		ryland Pri	nty 130 CITY C		13d INSIDE (11Y LIMITS? YES ₩ NO 4		Road 20145
TIMORE, MD. 21 THE DEATH. IF A FORM PM. 3. RE FORM	15 F	ATHER'S NAME	MIDDLE LA	ust.	15 MOTHER'S MAIDEN	NAME	LAST
RE. M SES 1. A PM AND 2 E VIT.		erbert Byrd			Sally I		
ALTIMORE AFTER DE IVE PAGE IVE PAGES I AN ISION OF		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCI	AL SECURITY NO	17 INFORMANT	ADDRESS	
ALT AFT AGE AGE		yes 2-1		-44-8408	Andrea By	8 Henderson	Ave. Havelock NC
JE, BALTIMO DURS AFTER 18 GIVE PAU WITH FOR MIT. PAGES I		18 CAUSE OF DEATH (Enter of	inly one couse per line for (o , (b),	ond (c .			APPROXIMATE INTERVAL  BETWEEN ON ET AND DEA
S 7 5 5 5 7		PART I DEATH WAS CAUS	ED BY ATE CAUSE (0 FAT	TY LIVER N	ATURAI.		BEIWEIN N.EI ANDDEA
TON VITEN ALON T PER/ YGIEN		IMMEDI	DUE TO, OR AS A CONS	EOUENCE OF			
HIN HIN HES		Conditions, if any which					
S CRTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENCIL I SPECT OF THE CHIEF MEDICAL EXAMINER: 8: 3 SHOULD BE USED AS A BURIAL. TRANS E DEPARTMENT OF HEALTH AND MENTALL OF PRIOR TO BURIAL, CREMATION, OR REM		gave rise to immediate cause (a stating the unde		FOUENCE OF			
N A A A		lying couse lost	, Joseph Grand McGMG	1001140101			
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INTING THE WORD "PENDING" IN PENCIL IN ITEMSED TO THE WIELF MEDICAL EXAMINER ALON 35 SHOULD BE USED AS A BURIAL. TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIES IN PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART 7 DINER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATE	D TD THE TERMINAL DISEASE	C DB CDUBITION CHECK IN BAD		
MEDICA MEDICA MEDICA AS A BU EALTH AU	Z		V CONTROLLED TO DEATH BUT HUT RECALL	D ID INC ICEMINAL DISCAS	E DE CONDITION GIFEN IN PARI	1 0	
MEN WEN AFE	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION W	/AS PERFORMED?		20 AUTOPSY?
SHOUL ORD "F CHIEF E USED T OF HI	\ \\ \frac{1}{2}		THE CONDITION ON W	Men of Examon W	ASTERI ORMED		
WORD WORD ENT OF	- 5	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	Lav. 11	OW NUMBY OCCUPAGE		YES [ZI NO []
HE WEN		UNDERLYING CAUSE OF		DAY YEAR	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 F	ART OR PART 2)
TIFIC TO TO T	∫ 5	CONTRIBUTING CAUSE OF		19			
PE PER PER	MEDICAL	214 INJURY OCCURRED WHILE TO NOT WHILE	21e PLACE OF INJURY STREET FACTORY FARM, ETC		CATION	CITY OR TOWN	COUNTY STATE
WARD WARD PAGE STATE C		WHILE NOT WHILE ,	land.				
CATE, WRITIN CATE, WRITIN FORWARDED OR: PAGE 3 S THE STATE DEP (ND, 21201 PR		22a I certily that I took cha	rge of the remains described upon	Seld on Autop	Inspection	. Inquiry . on	d in my opinion
AND THE		death resulted from A No.	und course [ ] White ?	Salcide N	Homicide	Undetermined manner	, , ,
CAA ERTI IRE WITH		11/0.	14	177	Te unit ispecies	ondetermined manner	
A TOUR		ACTUAL / LELL	11114 W M	work.	Chalofilata 2+	MEDICAL EXAMINER	PATE 9-12-37
SER SER		(12)(0)(V)(1)	0	11 1	NAME OF TAXABLE PARTY.	MCURAL EXAMINER	IGNED 9-12-57
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM, TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT) Der	nis F. Smyth, M	(B.	ADDRESS 111 P	enn St., Balto	o., ND 21201
DX 4 D A 8	23a E	BURIAL, CREMATION, REMOVAL	236 DATE 23c NA	AME OF CEMETERY O	R CREMATORY	23d LOCATION	STATE YTHUGS
BP		Burial	16Sept 87 Ar	lington	National	Arlington, Vi	
DHMH 17	24 F	UNERAL DIRECTOR	ADDRESS		250 DATE RE	CD BY REGISTRAR 1756 REGIS	STRARS SIGNATURE
(VR A15 ME (5)		Latney's 383	1 Georgia Ave	n N W	UU 1 2	1 1487 / har Dec	vidson-Mandall



DHMH 16 60M 7 8 (VRA 15, 4)

Bod Kom

6P1)	LmG633	1.1.	141						AND	1
				DEPARTMENT	OF	HEA	LTH	AND	MENTA	HYG
				CF	DT	LELE	ATE	OF	DEATH	

		FOR STATE	1mG633	11/4/87		MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 3	0 2	4	
5	PEC	REGISTRAR  CEASED NAME ORPRINTS	ROSEMA	DIE	CLARK C		AST	20 DATE OF		10-21-87	26 HOUR 5 00AM
	3 SE>	emale		4 RACE Caucasi	an	S DATE C		60	EARS LAST BIRTHDAY	YRS IF INDER HE	AR IF INLIER 1 HR
1	70 BII	RTHPLACE . TATE	nia	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED  DIVORCED	PRINC	E GEORGI	E'S COUNT	Y MD.
7	CHI	TY OR TOWN OF I		PRINCE	"GEORGE"S		OR OTHER INSTITUTION ITAL CENTER	TYPE OF WOR	OCCUPATION TO FOR MOST OF WOR THE MARKET	KING LIFET INDUST	O OF BUSINESS OR RY OME
0	130 S	AL RESIDENCE (# NATE  Orth Caro  ITHER'S NAME	13b COUP	raven	Haveloc	N	13d INSIDE CITY LIMITS YES X NO 1	310B	ADDRESS / ZIP East Ma	in St.	28532
4		James	J	oseph	Clar	k	Marie	e	WIDDIE	Har	din
3	16a W	VAS DECEASED EVES NO OR UNKNOWN	ERINUS AR		234-32-7			aughter)	13801 Silver		1vd., #32
	ATION		immediate ating the iuse last	DUE TO, P		ENCE OF	Pular with NOT RELATED TO THE T	- tra les co Congert TERMINAL DISEAS	DP5Y2 20b	facture DN GIVEN IN PART IF YES, WERE FIN	DINGS USED
7	AL CERTIFICATION	210 ACCIDENT WAS	CAUSE OF DE	ALIN .	M. MONTH D		21c HOW INJURY OC	YES CURRED LENTER NA	NO	CERTIFYING CAUS YES	NO 🗌
	MEDICAL	21d INJURY OCC		21e PLACE	M OF INJURY REET FACTORY OFFICE F	19	211 LOCATION	2.6	LITY OR TOWN	COUNTY	STATE
			,	tal) attended the	de deceased from_ 0 19_ after death		, 19_0 nd that in (my) (our) opii DEGREE	nian death occurre	ed on the date as		that I (wellast he causes stated TE SIGNED
1		22d PHYSICIAN'S	NAME (TYPE	Pecco for Company	A D		ATTENDIN PHYSICIA 270 ADDRESS	MEDICAL N DIRECTOR	D PHYSICIAN	o till	0/2/187-
		BURIAL, CREMATIC	ON, REMOVAL	236 DATE			EMETERY OR CREMATO	C1T Y	ORTOWN	COUNTY	1411
		Burial		Oct. 2	4, 1987	Green	leaf Memor:	ial Park	, New Be	rn, Nort	h Carolina
4	24 FU	Capitol		1 Servic	e, Falls	Chur	ch, VA	CT 261	987	REGISTRAR'S SIGN	Mandales

1 (1 (1 )	v 13 junger		The C
	int man		
			Eros II
en la refe			
train same se Mist	also a ovell		
or next	News a	PROPERTY AND	mpT.
hy.h elimb livel	236-72-3834		oil
Love Been, Heath Corn			

069329

FOR STATE

ST	ATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND WENTAL HYGIENE CERTIFICATE OF DEATH

2 7 3	ULIZ		REGISTRAR					REG. N			
	c		CEASED NAME FIRST	MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
og e	deol		HATT	YE J. C	100	BELL			10	13 87	72 AM
E	Te.	3 SE	X	4 RACE	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIE	RTHDAY)	IF UNDER TYPAR	IF NIDER JAHR
10 01		L_ 1	_ emale	CE OCELIAN	12	10	06	8	O YRS		
6 1	8 08 0		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVERMARR	PIED 🗆	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
front franch	13-		Norfolk, Va.	Us.	WIDOWE	DIVORC	CED 🗌	PRINCE	6-59	5652	MD
1 23	(1//	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH EACILITY, GIVE STREET.		OR OTHER INSTITUT	ION	120 USUAL OCCUPAT			OF BUSINESS OR
0 1	1017	1	AUREL /	P 0	ELTSVE	LE HUSTE	TAL	Homemake			lome
2 51	4		AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LI	IMITS? 1	13e STREET ADDRESS	/ 7IP COD	)F	
A	100	0	10.	WARD JESUF			450	7721 SHA			20794
1	10	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAI	IDEN NAM				
1	1/10	/		Germa	n	FIRST		unkown		LAS	
0 p	6/ TW		VAS DECEASED EVER IN U.S. AR		RITY NO	17 INFORMANT		9130	SSVol	1merha	usen Rd.
1 11			JU KOON ON THE AREA CIN	a 21A-22-	5660	Thomas	Cam	pbell Sa	vage	, Md.	20763
4 33	- 4		18 CAUSE OF DEATH Enter on	ly one couse per line for o, b, one							MATE INTERVAL ONSET AND DEATH
4	11		PART I DEATH WAS CAUSE	ECAUSE (0) [2 2 Ratio DI	0	WERA C	IRR	fa			NUten
3 21	2 × 4		IMMEDIAI			1-7-					1
dies and	9 5 5		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	- An	202100	1710	othe		USA	4.4
2 3	1 1		gove rise to immediate cause o stating the	).		ZJOHO I.	1107			3	
5 2			underlying couse lost	DUE TO, OR AS A CONSEQUE		PARAY	211	2618		1101	
1/11	4 3		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	1		0(		DITION G	VEN IN DAGE 1	003
95	2 2 2	Z	- Constitution of the control of the	.01101101101101101010101010101010101010	DEATH OUT	NOT KEERIED TO T	THE TERM	THE DISEASE ON CON	0111014 01	A FLAN MAI WELL	
1 2	1	T A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?		S, WERE FINDIN	
host.	a Maria	CERTIFICATION	-NEVE -		NON	SE-		YES TO NOTA		FYING CAUSES	OF DEATH?
I Th	tygie 8 sho	8	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY	OCCURRE	D LENTER NATURE OF IN I		L. J	
phy phy	tol H	1	OR CONTRIBUTING CAUSE OF DEA								
ySIC dng	Men Andre	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f LOCATION					
then the	ond ed o	N N	AT WORK AT WORK	LAT HOME STREET FACTORY OFFICE F.	ARM ETC )	STREET		ITY P 1C	WN	YIMUGS	11 ATE
OINO o o o	e as mort			tal attended the deceased from_		BCT0367 9 19	82	10 DETUNE	0 13	10 82	that was lost
O S O	F He		sow the deceased alive on	Dear 362 12 19 8	) - or					ui and from the	cours stated
AT nosp	m 2		obove, (I) (we) (did) (did no	t Dew the body after death		DEGREE				22c DATE	
DIR DIR	F F		5	0		ATTEN	NDING .	MEDICAL STA	FF _	THE DATE	1,2/2
by t	283-	1	22d PHYSICIAN'S NAME (TYPE O	men of the contract of the con	- , (	22e ADORESS	ICIAN X	DIRECTOR PHYSIC	CIAN	10	11310+
OSP	1 1 1 1		1/2 In	1600	/		HLP.	- No - C	_	1 00 0	0. 1100
H O H	Should w	-	LERTE IAN	NEWRYCH		11085 Li		11	Contr	mist 11/2/	21099
		230 E	BURIAL, CREMATION REMOVAL SPECIEVE Burial	10/15/87 Me	A dow	EMETERY OR CREM	ATORY	Je's sup	P	loward	Md.
BP		_									
DHMH = 16		1 -	NAME	Sandy Spring			000	REC'D BY REGISTRAR	755 REGIS	trar s signat	URE
(VRA 1	15, 4)	1	LELK FUNDAG	4 Humes Gays	e4.1	Marylan	duli	00007	HUMEN	TOTAL GOOD N.	an Douglass

BP.

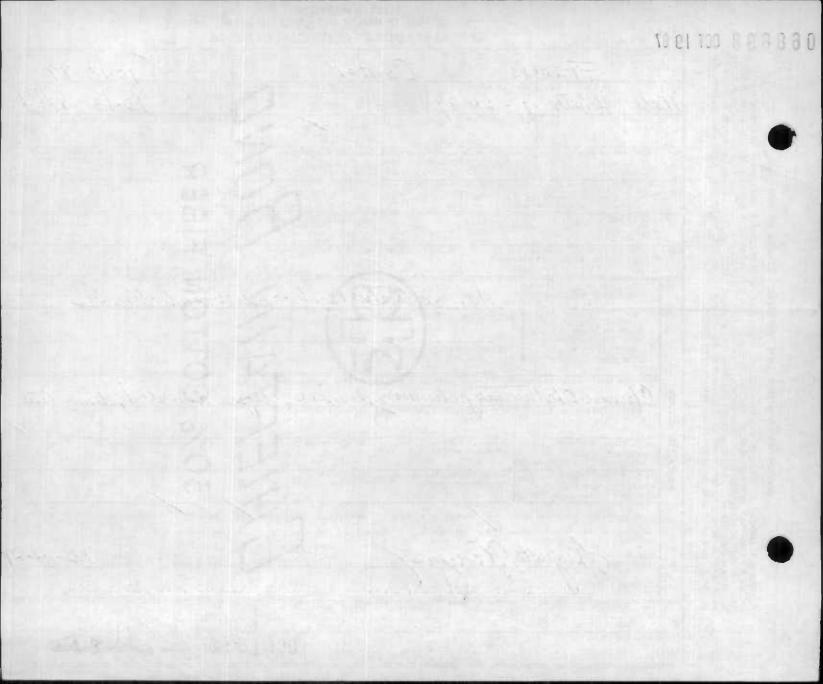
DHMH 16 60M 7/B4 (VRA 15, 4)

neral director page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1-	FOR STATE REGISTRAR			DEPARI		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	10		
n Dêd	CASED NAME	FIR51	,	MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		ELBA		J.	CANDI	(I/A)	OCT.	30.	1987	10
3 SEX			RACE		5 DATE C		6 AGE IN YEARS LAST B	RTHDAY	IF INDER YEAR	IF UNITER A
	FEMALE		WHIT	יקו	JULY		87	, vpc	MONTH! DAYS	HOUR
	IRTHPLACE ISTATE OR F	OREIGN 7		WHAT COUNTRY	8		9 BALTIMORE CITY	OR COUNTY	OFDEATH	
	UTAH		U.S	Λ	MARRIED NEVER MARRIED WIDOWED TO		PRINCE G			
10 CI	ITY OR TOWN OF DEA	тн 1				OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS
Ł	GREENBELT		7724	HANOVE	R PAR	KWAY #201	HOUSEWIFE	OF WORKING LIFE		HOME
13a S	AL RESIDENCE (IF NURS STATE Md.	P.G.	Υ	131. CITY OR TOV	VN	138 INSIDE CITY LIMITS?	130 STREET ADDRESS 7724 HAN	ZIP CODE OVER P.		#201
I4 FA	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
	ABRAHAM			MARTIN		MARCHA	EMMA		WHIT	
	WAS DECEASED EVER		NED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
1 "	NO		WAR OR DATES)	550-24-	5182A	JACK E. CAN	NDLAND (:	SAME	AS ITE	M #13
	Conditions, if any,		DUE TO, OF	AS A CONSEQU	DVUS 4	elester.	Rosust	due	we O	
NO	gove rise to imm couse 10 statin underlying couse	g the	(b)	AUTO R AS A CONSEQU	JENCE OF	Mestre Not RELATED TO THE TEN	Result Talling In all DISEASE OR COM	due.	EN IN PART 110	
TIFICATION	gove rise to imm couse 10 statin underlying couse	lediate g the lost	DUE TO, OF	R AS A CONSEQUE	DEATH BUT	MOSPERFORMED	Result  Jacker Stranger  200 AUTOPSY?  YES   NOM	20b IF YES	, WERE FINDIN	IGS USED
CAL CERTIFICATION	gove rise to imm couse 10 statin underlying couse  PART 2 OTHER SIGN	IFICANT CO	DUE TO, OF TO THE TO TH	P AS A CONSEQUENT TION FOR WHICH	DEATH BUT	com	20a AUTOPSY2 YES NO	206 IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse io statin underlying couse  PART 2 OTHER SIGN  198 DATE OF OPERA  710. ACCIDENT WAS UND OR CONTRIBUTING CO	INFICANTACE  ION  ERRLYING AUSE OF DEATH ALL EXAMINER)	DUE TO, OF TO TO THE TO	A J A CONSEQUENT OF THE PROPERTY OF THE PROPER	DENCE OF DEATH BUT	NWAS PERFORMED	20a AUTOPSY2 YES NO	206 IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH? NO
	GOVE TISE TO IMPRICOUSE IO STOTING COUSE ID STOTING COUSE IN COURSE IN COURS	INFICANTO	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF INJURY M. MONTH D M. DF INJURY BET FACTORY OFFICE  deceosed from 10	DENCE OF DEATH BUT H OPERATION OF THE PROPERTY	211 LOCATION STREET 19 2 and that III (myl) our) opinion	20a AUTOPSY? YES NOME RED (ENTER NATURE OF INJ.	20b IF YES IN CERTIF YES URY IN ITEM 18 P.	OUNTY	GS USED OF DEATH? NO
	PART 2 OTHER SIGN 190 DATE OF OPERAL 190 DATE OF OPERAL 110 ACCIDENT WAS UND OR CONTRIBUTING CUE 1111 OF OPERAL 110 ACCIDENT WAS UND OR CONTRIBUTING CUE 1111 OF OPERAL 110 ACCIDENT WAS UND OR CONTRIBUTING CUE 1111 OF OPERAL 110 ACCIDENT WAS UND 110 ACCIDENT WAS	INFICANTACE  IOST  INFICANTACE  ION  BERLYING AUSE OF DEATH  ALL EXAMINER;  IED  IT DIVE ON AUSE OF DEATH  ALL EXAMINER;  IED  IT DIVE ON AUSE OF DEATH  IT DIVE ON AUSE OF DE	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF INJURY M. MONTH D M. DF INJURY BET FACTORY OFFICE  deceosed from 10	DENCE OF DEATH BUT H OPERATION OF THE PROPERTY	211 LOCATION STREET  21 (my) our) opinion DEGREE  ATTENDING	20a AUTOPSY? YES NOME RED (ENTER NATURE OF INJ.	206 IF YES IN CERTIFY YES	OUNTY	GS USED OF DEATH? NO
MEDICAL	GOVE TISE TO IMPRICOUSE IO STOTE IN THE STORE IN THE STOR	IFICANT CO	DUE TO, OF DONDITIONS CO.  DISTRIBUTIONS CO.  DISTR	R AS A CONSEQUENT OF THE PART	DEATH BUT H OPERATION DAY YEAR 19 FARM ETCT	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  212 ADDRESS  213 ATTENDING PHYSICIAN  214 ADDRESS  215 ATTENDING PHYSICIAN  216 ADDRESS  217 ADDRESS	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUNE  (ITY OR IT  To death occurred on the company)  MEDICAL STATEMENT PHYSI  TO	206 IF YES IN CERTIFY YES	OUNTY	GS USED OF DEATH? NO
WEDICAL MEDICAL	GOVE TISE TO IMPRICOUSE IO STOTING COUSE IN STOTING COUSE	IFICANT CO	DUE TO, OF DONDITIONS CC	R AS A CONSEQUED THOM FOR WHICH THOM FOR WHICH THOM M. OF INJURY OFFICE Detection of the deceased from	DEATH BUT H OPERATION DAY YEAR 19 FARM ETCT	211 LOCATION STREET  211 LOCATION STREET  212 19  Ad that in (my) our) opinion DEGREE ATTENDING PHYSICIAN  212 ADDRESS  AUTHORING PHYSICIAN  EMETERY OR CREMATORY	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJ.  CITY OR TO  death occurred on the company of t	206 IF YES IN CERTIFY YES	OUNTY	IGS USED OF DEATH? NO

071012 KEV-BET THE TOTAL THE STREET AS A STREET THE COL AND VALUE OF STREET to Differ months by THE THEE SA TEACH OF GRANTED .- TORS STREET -----TO THE SECOND STATE OF THE SECOND ALL SECONDS



691

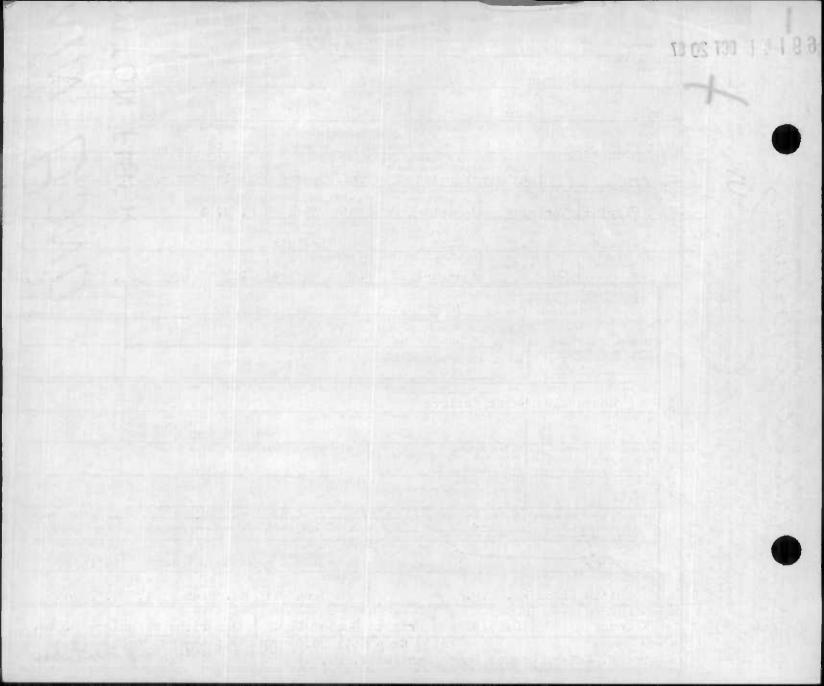
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

1	1-	FOR - STATE REGISTRAR		DEPART		FICATE OF DEATH	IENE S REG NO				
		CEASED NAME FIRST		MIDDIE		IAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	JR
	1	Clar	ence	L.	Car	rr	October 16	5, 1987		8:30	DAMM
	3 SE.	X	4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIR		R FAR	FUNDER	1.1 1481
	1	Male	Caucasia	an	MONTH	1 DAY YEAR	79	VDC NON H	E.	HCIGR	MIN
-	7a BI	IRTHPLACE I STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF DE	ATH		
7		st Virginia	USA		WIDOWI	D NEVER MARRIED DIVORCED	Prince Geo	orge			MD
17		ITY OR TOWN OF DEATH	TI. NAME OF		NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 12b		F BUSIN	
2			Southern		d Hos	pital Center	Steelworker		Stee	el .	
9	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION	136. CITY OR TOV		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	no	rese	
1	Wes	st Virginia Tucl		Hendrick		YES NO X	R. D. 1	211 CODE	99	799	7
1		ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			11	
		Jessie	A.	Carr		Virginia	WIDDIE		Cari		
		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECT	URITY NO	17 INFORMANT	ADDRE	SS	OULI		
)		Yes NO OR UNKNOWN) (IF YES GIV	YE WAR OR DATES)	235-14-1	617	Wanda Whetzel	1 7102 Abbir	ngton Dr.	0xc	on H:	i11.N
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per D BY TE CAUSE (o)	r line for ial, (b), ar Pneumo					APPROXI BETWEEN C	MATE INTE	NVAI DEATH
	N	gave rise to immediate couse  01, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (  Congestive	CONDITIONS C			NOT RELATED TO THE TERM	Inal disease or con	DITION GIVEN IN	PART II	3	
	ATIO	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERI	F FINDIN	JGS LISE	D
4	CERTIFICATION	THE DATE OF GREATION	170 COND	MIOIVIOX WINE	TOTERATIO	WAS FERT ORMIED	YES NOK	IN CERTIFYING (			TH2
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A	DFINJURY M MONTH D .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY N EM 8 PART DR	FART		
	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK		OF INJURY REET FACTORY OFFICE	FARM ETC )	211 LOCATION STREET	1 ITY OR 10	wn to	I NTY		TATE
		22a I certify that (I) (this hospin sow the deceased alive an above, I) they thick (did no			87	nd that in (my) touch opinion of	to 10/16 death occurred on the de	ote and hour and f		that I t	
		226 SIGNATURE	I view ine oody	oner deam		DEGREE		25	DATE:	SIGNED	
		nes		THE		ATTENDING PHYSICIAN D	MEDICAL STAI	IAN []	0/16	5/87	
	1	22d PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS	, , , , , , , , , , , , , , , , , , , ,		- /	,,,,,	
		Philip Wison				6188 Oxon Hil		Hill, Md	. 20	745	
	23a B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	CONTR	ITY		TATE
	h	Removal	10/16/		_	s Chapel Cem.	Hendrick				Va.
		UNERAL DIRECTOR		6160	0xon	Hill Rd. 250 D	REE DIBY REGISTRAP	256 REGISTRAR'S	SIGNATI	URE	-
	Ge	eorge P. Kalas 1	Juneral	Home Ox	on Hi	11, Md.	- 1 0 1001	www Dan	gest.	Kende	1

Oxon Hill, Md.

BP. DHMH 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



	FOR
-	STATE
	DECKTOAD

Paul

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

# STATE OF MARYLAND

MENT OF REALIN	AND MENTAL HIGIENE	
CERTIFICATE	OF DEATH	REG

Gwendolyn

David W. Carter (Son) Bowie, Md. 20715

Young

ADDREG313 W. Vein Road

- STATE REGISTRAR				CERTIF	ICATE (	OF DEATH	RE	G. NO				
DECEASED NAME	DAVII		YOUNG		ARTEI	R	October		1987		26 HOU 10:	32A <sub>M</sub>
Male		White		5. DATE C		^Y 1912 ^R	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	R I VEAR	HOIDH I	MIN
Washington		U.S.	MHAT COUNTRY?	8 MARRIEI WIDOWE		VER MARRIED DIVORCED	9 BALTIMORE CI Princ	ty <u>or</u> coun e Geor		ATH		MD.
CITY OR TOWN OF D  Lanham			HOSPITAL, NURSIN HFACILITY, GIVE STREET HOSPITA				Postal ORV				Ser	vice
USUAL RESIDENCE (IF NI 13g, STATE Maryland	13b P.C		Mt. Rair		13d INS	DE CITY LIMITS?	134202 A29	th/stre	et :	2071	2	
4 FATHER'S NAME					15 MOTI	HER'S MAIDEN NA	ME					

Mabel

17 INFORMANT

PART I. DEATH WAS CAUS		BETWEEN CHIEF AND DE
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF COLOR COLOR OF CO	

206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

22e ADDRESS

4739 Baltimore Avenue Hyattsville, Md. 20781

David

Carter

166 SOCIAL SECURITY NO.

23a BURIAL, CREMATION, REMOVAL Burial

10/19/87 Fort Lincoln Cemetery Brentwood Francis Casch's Sons Funeral Home, P.A.

DHMH - 16 60M 7/B4

MPORTANT

(VRA 15, 4)

BP

0683

2 hours after death

totified of once

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	CONSED NAME FIRST			LA								
ID	CAMPED NAME		MIDDLE	LA	ST		20 DATE OF DEA	H MONTH	DAY	YEAR	26 HOL	JR
# WE	MARIA	D	CA	STRO-L	EO N			10	03	87	1:4	OAN
3 SEX		R. I4 RACE		5 DATE OF	DIDTH 3		6 AGE (IN YEARS LA		T IF I NA	INER YEAR	IF LITSUITE F	1 485
3 357	FEMALE	4 KACE		MONTH	DAY	YEAR	TOE (INVICANTE	37 0111710117	MUNIT	HS DAYS	HOURS	MIN
	t EMALE	Hispa	nic	01	0.4	94	93	YE				
	RTHPLACE TATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY2 8	NEVER MA	* DDIED	9 BALTIMORE CI	TY <u>OR</u> COU	NTY OF I	DEATH		
	COUNTRY!	U.S.	Δ	WIDOWED		ORCED	PRINCE	GEO	RGE	CO.		٨
	ITY OR TOWN OF DEATH			SING HOME OF			12a USUAL OCCU	PATION	Lis	7h KIND C	E RUSINI	
	RIVERDALE		HEACILITY GIVE STE		COTTER III	1011011	TYPE OF WORK FOR M	OST OF WORKIN	NG LIFET IN	NDUSTRY		
1/	(IVENDALL)	LELA	ND MFM	. HOSP	ITAL		Concert	Singer		Mus:	LC	
USUA 13a S	AL RESIDENCE (IF NURSING HOME		130 CITY OR TO		13d INSIDE CIT	COTIANITS?	13e STREET ADDR	ESS / 7ID C	ODE			
	7.00	G. Co.		rrollto		NO 🗆		35TH.		1 20	0784	
	ATHER'S NAME	<b>a.</b> 00.	11011 00		15 MOTHER'S			2)2110	21100		7 0 4	
IN LA	FIRST	MIDDLE	LAST			IRST	MIDI	DLE		LAT	1	
	Jose	-	Sanch	nez	Mar	cia	-			Uril	oe	
	VAS DECEASED EVER IN U.S.		166 SOCIAL SE	ECURITY NO	17 INFORMAN	1T	A	DDRESS				
14	NO (IF YES	GIVE WAR OR DATES)	353-14-	E202	Maria	T. Pa	arcells	Sam	e as	# 1	3	
					130,110	* 10 AC	44.0044.0		1		MATE INTE	EV Al
	18 CAUSE OF DEATH Enter PART I DEATH WAS CAU	only one couse per	line for io   b	and ic	DATA	1	OPPECT		-	BETWEEN	ONSET AND	DEAT
		ATE CAUSE (0)	CAKUIO	RESPI	KAIUK	9 1	ARREST					
				OUTLIEF OF								
1 1	1	DUE TO O	RASACONSE	CUENCE OF								
	Conditions if any which	DUE TO, O	R AS A CONSE	QUENCE OF								
	Conditions, if ony, which gove rise to immediate	(b)_										_
	gove rise to immediate couse of stating the	(b)_	R AS A CONSE		++							
	gove rise to immediate couse of stating the underlying couse lost	DUE TO, O	r as a conse	QUENCE OF								
	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	DUE TO, O	r as a conse	QUENCE OF			inal disease or	CONDITION	GIVEN I	N PART 1	0	
NOI	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	DUE TO, O	r as a conse	QUENCE OF	NOT RELATED TO		INAL DISEASE OR	CONDITION	GIVEN IT	N PART 1	0	
ATION	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	DUE TO, OO (c)	R AS A CONSE	QUENCE OF	2RHAG	rt	INAL DISEASE OR	20b 4F	YES, WE	ERE FIND!	NGS USE	
FICATION	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  LEFT I HT	DUE TO, OO (c)	R AS A CONSE	QUENCE OF  TO DEATH BUT N  HAE MOY	2RHAG	rt	200 AUTOPSY?	20b H	YES, WE		NGS USE OF DEA	LH3
RTIFICATION	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  LEFT INTO	DUE TO, O  CONDITIONS COND  TO COND	R AS A CONSECUTIVE STATE OF THE	QUENCE OF  TO DEATH BUT N  HAE MOY	2RHAG I WAS PERFOR	r E RMED	200 AUTOPSY?	20b IF	YES, WE	ERE FINDII G CAUSES	NGS USE	LH5
CERTIFICATION	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN LEFT INTT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, O  AT CONDITIONS CE  196 COND  216 TIME C	R AS A CONSECUTIVE STATE OF THE	QUENCE OF	2RHAG I WAS PERFOR	r E RMED	200 AUTOPSY?	20b IF	YES, WE	ERE FINDII G CAUSES	NGS USE OF DEA	LH3
	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  LEFT INTO	DUE TO, O  TO CONDITIONS CO  TO COND  T	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	QUENCE OF	2RHAG I WAS PERFOR	r E RMED	200 AUTOPSY?	20b IF	YES, WE	ERE FINDII G CAUSES	NGS USE OF DEA	LH3
	gove rise to immediate couse of stating the underlying couse lost  PART 2 OTHER SIGNIFICAN LEFT INTO  19a DATE OF OPERATION  71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO. O  OCCUPANT CONDITIONS CE  196 COND  196 COND  196 COND  OBATH  P  71e PLACE	R AS A CONSECUTIVE STATE OF INJURY M MONTH M OF INJURY	QUENCE OF  TO DEATH BUT N  HAE MOY  ICH OPERATION  DAY YEAR  19	2 RHA G WAS PERFOR	RMED  URY OCCURR	200 AUTOPSY? YES NO.	20b IF IN CE	YES, WERTIFYING YES  A 18 PART	ERE FINDII G CAUSES ] DR PART	NGS USE OF DEA NO [	] ]
MEDICAL CERTIFICATION	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN LEFT INTO 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.)  21d. INJURY OCCURRED	DUE TO. O  OCCUPANT CONDITIONS CE  196 COND  196 COND  196 COND  OBATH  P  71e PLACE	R AS A CONSECUTION FOR WH	QUENCE OF  TO DEATH BUT N  HAE MOY  ICH OPERATION  DAY YEAR  19	2RHAG WAS PERFOR	RMED  URY OCCURR	200 AUTOPSY? YES NO.	20b IF	YES, WERTIFYING YES  A 18 PART	ERE FINDII G CAUSES	NGS USE OF DEA NO [	LH3
	gove rise to immediate couse of stating the underlying couse lost part 2 OTHER SIGNIFICAN LEFT INTO 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF ETHER NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED  AMILE NOTIFY MEDICAL EXAM.  AMILE ALWOOR	DUE TO, O  AT CONDITIONS C.  ACE RE  196 COND  196 COND  216 TIME C HOUR A P 216 PLACE (AT HOME ST	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  10 DEATH BUT N  14 A E M O N  15 ICH OPERATION  DAY YEAR  19	2 RHA G WAS PERFOR	RMED  URY OCCURR	200 AUTOPSY 7 YES NO. RED (ENTER NATURE O	206 IF IN CE	YES, WERTIFYING YES  A 18 PART	CAUSES  ORPARI	NGS USE OF DEA NO [	TATE
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  LEFT INT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMPLE OF COURSE OF	DUE TO, O  AT CONDITIONS CI  196 COND  196 COND  196 COND  196 COND  197 CONDITIONS CI  198 COND  198 COND	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  ICE FARM ETC.)	2RHAG WAS PERFOR 216 HOW INJ 214 LOCATION STREET	N 19 87	200 AUTOPSY?  YES NO.  RED (ENTER NATURE O	206 II IN CE	YES, WE RTIFYING YES	CAUSES  OUNTY	NGS USE OF DEA' NO [	well
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN LEFT INTO 190 DATE OF OPERATION  710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE ETHER NOTIFY MEDICAL EXAM. 71d INJURY OCCURRED MILE NOTIFY MEDICAL EXAM. 71d INJURY OCCURRED AL WORK.	DUE TO, O  TO CONDITIONS CO  TO CONDINS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO C	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  ICE FARM ETC.)	2RHAG WAS PERFOR 216 HOW INJ 214 LOCATION STREET	N 19 87	200 AUTOPSY 7 YES NO. RED (ENTER NATURE O	206 II IN CE	YES, WE RTIFYING YES	CAUSES  OUNTY	NGS USE OF DEA' NO [	well
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  LEFT INT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMPLE OF COURSE OF	DUE TO, O  TO CONDITIONS CO  TO CONDINS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO C	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  19  37. once	2RHAG WAS PERFOR 216 HOW INJ 214 LOCATION STREET	N 19 87	200 AUTOPSY?  YES NO.  RED (ENTER NATURE O	206 II IN CE	YES, WE RTIFYING YES	COUNTY  BY  COUNTY  A Hoom the	NGS USE OF DEA NO [	TH?
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN LEFT INT 198 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.)  21d INJURY OCCURRED  WHILE NOT WHILE ALWORE ALWORE  270 I certify that (1) (this has sow the deceased alive above, th) (well idid idid odove, th) (well idid idid	DUE TO, O  TO CONDITIONS CO  TO CONDINS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO C	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  19  37. once	2RHAG WAS PERFOR 216 HOW INJ 216 LOCATION STREET	URY OCCURP	TO AUTOPSY?  YES NO.  NED (ENTERNATIJE CO.)  to O—  deoth occurred on 1	20b HE INJURY IN ITEM OR TOWN  A STAFF	YES, WE RTIFYING YES	COUNTY  BY  COUNTY  A Hoom the	NGS USE OF DEA NO [	TH?
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  LEFT INT  19a DATE OF OPERATION  71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF FIFETHER NOTIFY MEDICAL EXAM. 71d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAM. 27a 1 certify that (1) (this had sow the deceased alive above, (b) (we) (did) (did)  27b SIGNATURE	DUE TO, O  TO CONDITIONS CO  TO CONDINS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO C	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  19  37. once	2RHAG WAS PERFOR  21c HOW INJ 21f LOCATION STORES  d that in (my) (c) EGREE  A1	URY OCCURP	TO AUTOPSY?  YES NO.  NED (ENTERNATIJE CO.)  to O—  deoth occurred on 1.  MEDICAL  DIRECTOR   PI	20b HE INJURY IN ITEM OR TOWN  A STAFF HYSICIAN	YES, WERTIFYING YES THE PART IN THE PART I	COUNTY  87  Homethan	that I (causes st	TATE we) le ated
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN LEFT INT 198 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.)  21d INJURY OCCURRED  WHILE NOT WHILE ALWORE ALWORE  270 I certify that (1) (this has sow the deceased alive above, th) (well idid idid odove, th) (well idid idid	DUE TO, O  TO CONDITIONS CO  TO CONDINS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO C	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  19  37. once	214 LOCATION THE L	URY OCCURP	TO AUTOPSY?  YES NO.  NED (ENTERNATIJE CO.)  to O—  deoth occurred on 1.  MEDICAL  DIRECTOR   PI	20b HE INJURY IN ITEM OR TOWN  A STAFF HYSICIAN	YES, WERTIFYING YES THE PART IN THE PART I	COUNTY  87  Homethan	that I (causes st	TATE weillated
	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  LEFT INT  19a DATE OF OPERATION  71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF FIFETHER NOTIFY MEDICAL EXAM. 71d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAM. 27a 1 certify that (1) (this had sow the deceased alive above, (b) (we) (did) (did)  27b SIGNATURE	DUE TO, O  TO CONDITIONS CO  TO CONDINS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO CONDITIONS CO  TO C	R AS A CONSECUTION OF INJURY OF INJU	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  19  37. once	2RHAG WAS PERFOR  21c HOW INJ 21f LOCATION STORES  d that in (my) (c) EGREE  A1	URY OCCURP	TO AUTOPSY?  YES NO.  NED (ENTERNATIJE CO.)  to O—  deoth occurred on 1.  MEDICAL  DIRECTOR   PI	20b HE INJURY IN ITEM OR TOWN  A STAFF HYSICIAN	YES, WERTIFYING YES THE PART IN THE PART I	COUNTY  87  Homethan	that I (causes st	TATE we) le ated
MEDICAL	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  LEFT INT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM.  21d INJURY OF MEDICAL EXAM.  21d INJURY OF MEDICAL EXAM.  21d INJURY OF MEDICAL EXAM.  22d Certify that (1) (this had soove, (1) (we) (did) (idid) 22b SIGNATURE.	DUE TO, O  OC.  TO CONDITIONS CE  TO CONDITIONS	R AS A CONSECUTION OF INJURY M MONTH M OF INJURY REEL FACTORY OFFI	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  ICE FARM ETC.)  P. 37. onc	216 HOW INJ 216 HOW INJ 216 LOCATION DEGREE  1270 ADDRESS 704	URY OCCURE  19 87  OUT OPINION OF THENDING HYSICIAN G	200 AUTOPSY?  YES NO.  RED (ENTER NATURE Of the country of the cou	20b III IN CE	YES, WERTIFYING YES THE PART IN THE PART I	COUNTY  87  Homethan	that I (causes st	mare well ated
WEDICAL WEDICAL	gove rise to immediate couse of stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  LEFT INT  19a DATE OF OPERATION  71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF FIFETHER NOTIFY MEDICAL EXAM. 71d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAM. 27a 1 certify that (1) (this had sow the deceased alive above, (b) (we) (did) (did)  27b SIGNATURE	DUE TO, O  OC.  TO CONDITIONS CE  TO CONDITIONS	R AS A CONSECUTION OF INJURY M MONTH M MORE DE FACTORY OFFI	QUENCE OF  TO DEATH BUT N  HAE MON  ICH OPERATION  DAY YEAR  19  SICE FARM ETC)  DO  DO  DO  DO  DO  DO  DO  DO  DO  D	216 HOW INJ 216 HOW INJ 216 LOCATION DEGREE  1270 ADDRESS 704	URY OCCURP 19 87 our) opinion of TIENDING HYSICIAN 6 FOIZIM REMATORY	TO AUTOPSY?  YES NO.  NED (ENTERNATIJE CO.)  to O—  deoth occurred on 1.  MEDICAL  DIRECTOR   PI	20b HE IN CE	YES, WERTHYING YES   ATTEMPT TO THE PART T	COUNTY  87  Homethan	that II (causes st	IM?

DHMH 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the haspital or attending physician

BP.

High and the control of the control wilete a meroral accord a Sag

W. M. Constitute Co. Tre. . SilverMela ret. OCT OR 1887 ...

The state of the s

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

LAST

Cepko RTH 12

GIENE	30 - 3	2 1	
	REG NO		
20 D	ATE OF DEATH MONTH	DAY YEAR	26 HOUR P
	Oct. 15	1987	11:17 M
6 AG	E LINYEARS LAST BIRTHDAY)	IF UNDER THE AR	# Liver R Land
	65	No Se II . IAI	H MIN

X	4 RACE	5. DATE OF B
Male	Caucasian	6 6
IRTHPLACE A LIE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8

NEVER MARRIED

Prince George's 120 USUARETURATION Steel Worker

126 KIND OF BUSINESS OR Industrial

L	au	r	e	1		
USUAL	RESI	IDE	NC	E	j IF	NUR

Pittsburg.Pa. 10 CITY OR TOWN OF DEATH

DECEASED NAME

Albert.

YPE RPRINT

Laurel

Ernest

13301 Avebury Dr. #34 15 MOTHER'S MAIDEN NAME

9 BALTIMORE CITY OR COUNTY OF DEATH

Md. 14 FATHERS NAME

Emery

Cepko

Avebury

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Catherine 17 INFORMANT

ADDRESS

Makis

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

16b SOCIAL SECURITY NO 88-18-8472

Margaret Cepko

22

same as 13e

18 CAUSE OF DEATH Enter only one couse per line for a PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19a	DATE	OF	OPERATION
r			

71h TIME OF INJURY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR AM MONTH DAY YEAR P.M.

200 AUTOPSY?

AM E AL WORK

AT HOME STREET FACTORY OFFICE FARM ET I

21f LOCATION

and that in (my (our) opinion death accurred on the date and hour and from the causes stated

DEGREE

ATTENDING STAFF DIRECTOR PHYSICIAN

12r. DATE 56GN

21e PLACE OF INJURY

Laurel

DIVISION OF VITAL RECORDS, 201 W PRESTON ST

7601 Sandy Spring Rd. 24 FUNERAL DIRECTOR Fleck Funeral Home, Inc. Laurel, Md. 20707

DHMH 16 50M 1 81 (VRA 15, 4)

ORT

068778 OCT

STATE OF MARYLAND

	3 87	STATE REGISTRAR	D		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N		. )	to .
	I DFC	EASED NAME FIRST	ephine A. (	Chamberl	ain	October 20 DATE OF DEATH		1987	26 HOUR 5:17 Å
	3 SEX	emale	White	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER LYEAR	IE NUR, 4 HR'
		RTHPLACE (STATE OR FOREIGN ONNECTICUT	U.S.A.	JNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED D	Dringe	_		D. MD
1	A	ry or town of death delphi	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI President:	ve street ADDRESS)		Tactory	F WORKING	SUFE INDUSTRY	Type-
	13a S Ma	ryland Prin		ORTOWN		13e STREET ADDRESS 6619 Adr			writer
7	14 FA	Joseph	MIDDLE	itter	Augus	4 4 4 Pa Pa 4 F		(Å)	Kraus
		(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN)  (IF YES C  NO		09-9788	Dr. Malco	Lm J. Norw	o boc	lew Car	rian St.
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CO	NSEQUENCE OF	ons of Ca	leses.	0784		IMATE INTERVAL OMSELAND DEALM
	CERTIFICATION	PART 2 OTHER SIGNIFICANT  CENCED 190  190  DATE OF OPERATION	conditions contributions cular 196 condition for	diseas	e,	700 AUTÓPSY? YES N	20b IF 1	GIVEN IN PART IN  YES, WERE FINDIN  TIFYING CAUSES  YES	NGS USED
7	MEDICAL CER	710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  GETTHER NOTIFY MEDICAL EXAMINI 710. INJURY OCCURRED  WHILE  NOTIFY MEDICAL EXAMINI ALL WORK	HOUR A.M. MON	19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INTU		8 PAR! ORPAR!	J-ATE
		27a   certify that (1) this hasp	of view the body ofter death  Buts, Wa	n 1987 . of	DEGREE	n death occurred on the d	ate and h	19 7 Page 1001 and from the	SIGNED
-	73n B	72d PHYSICIAN'S NAME (TYPE  /ETER S  URIAL, CREMATION, REMOVA	BIRK, MI		122. ADDDECC	gra Ar, Who		mid-2	0902

DHMH 16 60M 7/84

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept of Health. MPORTANT. If Item 21 is

(VRA 15, 4)

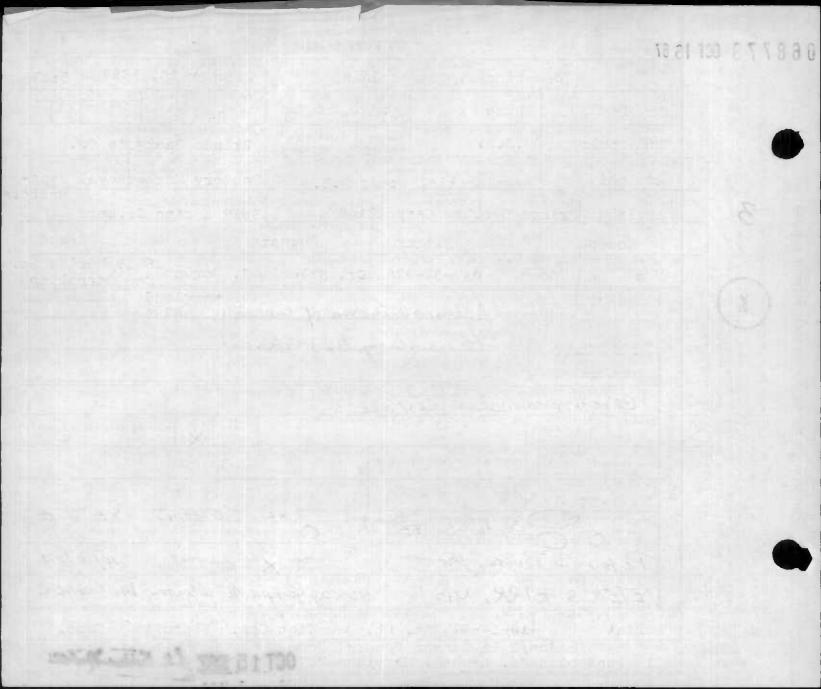
Burial

10-14-87

Mt. St. Benedict Cem.

Bloomfield Conn.

9013 Annapolis Rd. Lanham, Maryland 207067 15 1987



BP.

DHMH 16 60M 7 B4

(VRA 15, 4)

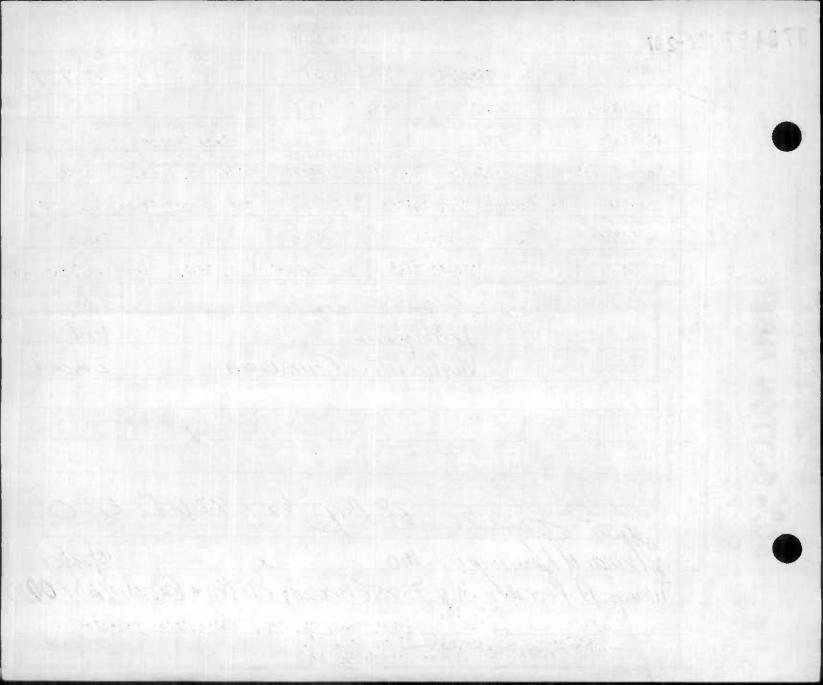
07049

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14	U	A*	-
0		1 - 40	

1	12 8	FOR STATE EGISTRAR	DEF		EALTH AND MENTAL HYC ICATE OF DEATH	SIENE S U	£ 3 4
	1 DEC	CEASED NAME FIRST	MIDDLE	A 1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	TITPE	Tr T	1ez Virginia	a Ch	apman	10	3 87 7:55 AM
	3 SE)	and the same of th	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MUNDER LYEAR IF INDER 14 485
		Ferriale	Black	Mar	. 20°, 1916°°	71 YRS	
3	7a BII	RTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUR	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
2	C	Pirginia	USA	WIDOWE	-44	Prince George	2 MD
/		Tocoma Park	11. NAME OF HOSPITAL, N HENOT IN SUCH FACILITY, GIVE Washington		or other institution st Hospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Switch Bo. Ope	126 KIND OF BUSINESS OR INDUSTRY BANK
)	13a S	AL RESIDENCE (IF NURSING HON BYATE 136 CC Maryland Pr	e or other institution give residence DUNTY 13c CITY OF	E BEFORE ADMISSIONI R TOWN STUILLE	136 INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / ZIP CO 7200 Donell Pl	lace, Apt. C-1
1	14 FA	THER'S NAME	MIDDLE LA	ST.	15 MOTHER'S MAIDEN NA	MIDDLE	IAST
		Luther	B. Bai	nks	Mary	E.	Brown
Ī		VAS DECEASED EVER IN U.S.	CINE WAR ORD ATEC	L SECURITY NO	17 INFORMANT	ADDRESS	
/		YES NOOP (IF YES	110-0	1-5145	Mr. Herbert	W. R. Banks, Up	oper Marlboro, MD
			used BY  DIATE CAUSE (a)	16. and 10			APPROXIMATE INTERVAL BETWEEN PINSET AND DEATH
			DUE TO, OR AS A CON				luck
		Conditions, if any, which gave rise to immediate couse to stating the		KONOMI	7		100
		underlying couse lost		askelo	c Carall	owa	ZMONDES
	NO	PART 2 OTHER SIGNIFICA	nt conditions <u>contributi</u> n	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (	GIVEN IN PART 1 o
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \)
-	CER	210 ACCIDENT WAS UNDERLYING		6.W VE.B	21c HOW INJURY OCCUR	RRED TENTER NATI RE OF INJURY IN ITEM T	8 PART OR PART /
3		OR CONTRIBUTING CAUSE O		H DAY YEAR			
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	Orest tipu tie	211 LOCATION	LITY OR LOWN	OUNTY
	Σ	SIRW TON SIRW IA	TAT HOME STREET FACTORY	DEFICE PARM EICT	1 0.	220-8	
		220 I certify that It whis h	ospital) attended the deceased		19 and that (my) or opinion	death occurred on the date and h	19 that (1) we lost rous and from the couses stated
		20 NATURE	the body after death		DEGREE		TRE DAY SIGNED.
	8	Chema 4	Jensuges	mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	10/23/87
/	17	Trunge A K	BUK MURS MITT	7575	27e ADDRESS	to Dive Gas	ald/14/0 2007
	23a B	MINIAL CREMATION REMO	VAL 236 DAUCT. 26.	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	THE STATE OF	Burial.	1987	Bethel	Bapt. Ch. Ce	m. Amissville.	Fauguier. VA
	24 FL	UNERAL DIRECTO	use w sime	35 N.		TE REC D BY REGISTRAR 256 REG	
		NAME JOYNES FU	INERAL HOME, IN	C. Warre		1301987	LIAU CASON - N



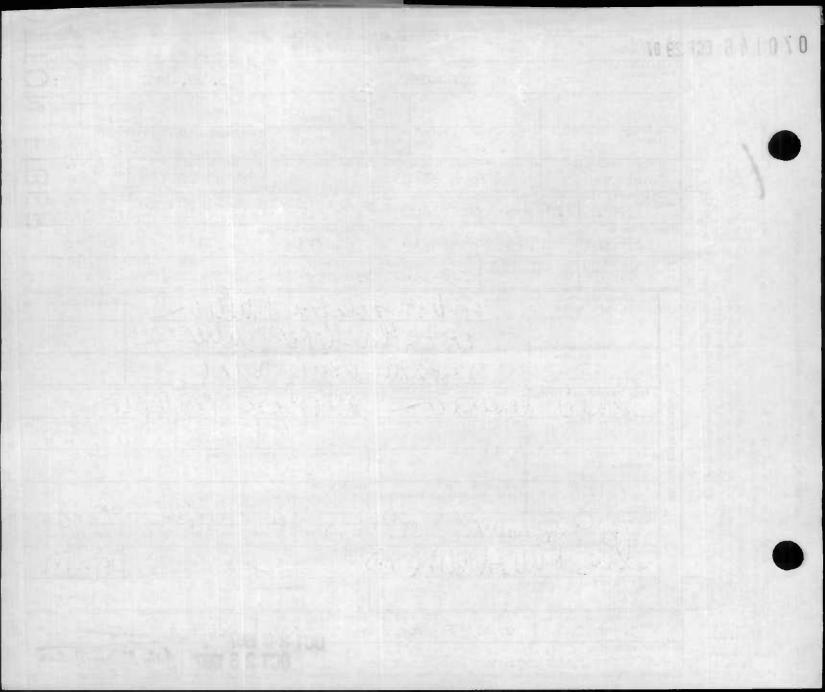
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29	BEGISTRAR		CERTIFICATE OF DEATH	REG NO	
	ECEASED NAME FIRST Mary A	melia CHESELDI	NE		7 YEAR 26 HOUR A
3 SE	Female	4 RACE White	Jüly 19°, 1903	6 AGE (IN YEARS LAST BIRTHDAY) 84	IF UNDER LYFAR OF UNDER JAMES MICHAEL MIN
	COUNTRY) MD.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Prince Georg	e's MD
	Lanham	Doctors Hos	-	120 USUAL OCCUPATION THOUSEWIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY OME
13a	MD. P.GE	other institution give residence before NTY By CITY OF TOVE OTTO SUITLAND	YES NO NO	13e STREET ADDRESS / ZIP COO B547 Terace D	
		Matting		MIDDLE	Cryer
	WAS DECEASED EVER IN U.S. AR (YES NO OR HUKNOWN) (IF YES GIV		urity No. 17 INFORMANT SC 1-2525/Harry J.		26 Halleck St ist.Heights,M
CERTIFICATION	Conditions, if any, which gove rise to immediate cause in stating the enderlying cause list.	DUE TO, OR AS A CONSEQUENT OF TO THE TO TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THE TOTA	ENCHOL WAS PERFORMED	THE ALTHOUGH THE CERT	E. WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \sum_{NO} \)
MEDICAL CEI		HOUR A.M. MONTH D.  P.M.  The PLACE OF INJURY  Let never creat feet one cares.  Into other day the processed from the pure of the pure care of the pure of the pure care of the pure of th	THE LOCATION  TARM STC.  THE LOCATION  TO SHEET	to 174  Menth occurred on the date and ho	country stem
24 F	Burial Cremation, Removal (NPECIFY) Burial UNERAL DIRECTOR J. C'Tarke Matt:		NAME OF CEMETERY OR CREMATORY  t. Joseph's Cemeratory  rdtown, MD.	23d LOCATION MOTGANZA TE RECOD BY REGISTRAR 235 REGIS	

DHMH 16 60M 7/84

(VRA 15, 4)

FOR



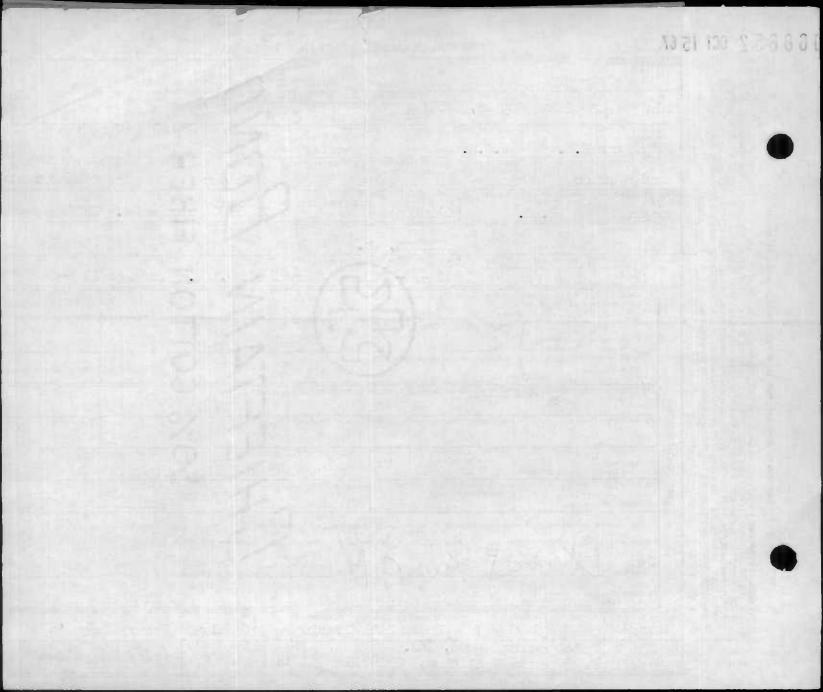
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

4	0 7 001	UU V	POBINA								KLO	40		
			CEASED NAM	E FIRST		MIDDLE		LAT		2a DA	TE KNOWN	X MONTH	EAT AR	26 HOUR
	18 mi or 12 +-	1	I OK PRIM	DANI	тт I	BRUCE	CHRI	STOPHE	R		F ESTI-	010 2	07 10	
	정당표공품	3 SE)	(	4 RACE	5. DATE OF BIRTH	16 AGEIR		*	UNDER 2	4 HRS 2c D	ATE	WENTH	JAY YEAR	7d HOUR
	A 4 5 5 5	m	ile	white	July 28	1968 19		E BAYS F	HCIORS .		DUNCED EAD			
	33020		RTHPLACE III		76 CITIZEN OF WHA		T.			0.000	TIMORE CITY	10-3-	-87 19	R • 45%
	HESEK -	FO	REIGN COUNTRY)			COONIKT		ED _ NEVE		D X		_		
	#555 C		irginia		USA		WIDOW		DIVORCE			-	s County	INC
	《五年四月31		reverly			ITAL, NURSING HOM		ER INSTITUTIO	ON	FOR MOST OF	WORKING LIFE	YPE OF WORK	OR INDUSTR	RY
	302 36 /		Chever	ly	Prince	Gerge's C	ounty	Hospi	tal	stude	nt		college	e
10	THE PRINT		L RESIDENCE	113b COUNT	ROTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISS	SIONI	134 INSIDE CITY		Je STREET AD	DRESS		02/28	13
212	圣器高麗 2		iryland	Princ	e Georgrs	Laurel			NOX		Melbou	tuo De	ina	101
9	NO WE		ATHER'S NAME					15 MOTHER	'S MAIDEN			ithic nic	LVE	
E, N	中国是	No	athan		Chris	stopher		FIRS	Ma	rjorie	MIDDLE D.	rach	LAS	
OR	2000	4		D EVER IN U.S. ARA		166 SOCIAL SECURI	TY NO.	17 INFORMA		3	ADDRES	SS		
ALT.	E5585 /	(Y	E'S NO OR UNKNO			578 72 61	07	Nathay	n Chr.	istophe	и дато	as ab	ave.	
BA	SEE S	no					07	Tructiut		05-00  5100		000 000	APPR XMATE	
ST.	07038		PARTI DE	F DEATH (Enter onl EATH WAS CAUSED	y one cause per line f								BETWEEN ONNET	
N	I BOOK 3	10	21	IMMEDIAT	E CAUSE (U)	ltiple inj								
EST(	ZZZSES	1	0/6	$\times$ 0	DUE TO, OR A	S A CONSEQUENCE	OF							
gr.	A A A E. E.			ns, it any, which se to immediate	ь									
₹	OR TANK		couse (o	stoting the under	DUE TO, OR A	S A CONSEQUENCE	OF							
201	ON A EX EX		lying coc	se iusr.	(c)									
SO	AAN AN		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL OISEASI	OR CONDITION G	GIVEN IN PART	l a				
RECORDS	S A LITH	NO												
RE	HEA A	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORME	ED?				20 AUTOPSY	?
TAL	NA N	E E											YES X	Flour
F	WO W	ERT	21a EXTERNA	AL CAUSE WAS	216 TIME OF	NJURY	21c HC	OW INJURY O	CCURRED	(ENTER NATURE C	DE INJURY IN ITEM I	8 PART I OR PAR		NO LJ
0	SHEDEN	2	UNDERLYING	S X OR	3 05am	MPOTH3 -87, YEA	AR							
SIO	STIFI NG TO SHO SHO RIOI	S	21d INJURY C	NG CAUSE OF D		FINJURY (ATHOME	711 LO	Iver of	ı an	auto/ai	ato nea	a-on c	collisio	n
2	CER	ME	WHILE	NOT WHILE AT WORK		RY, FARM, ETC.)			11mi	1 NICHTY 9	STOWN TOXX	ichocot	Pk.Bowie	NESTATE
0	WAR WAR		AT WORK	AT WORK	119wy.	2	KU	· 13/,	T-5111T	ie N. (	or nerr	ICHO E	K.BOWIE	e, Ma.
	ORV.		22a 1 certi	fy that I took charge	of the remains desci	ribed ab reld on	Autop	y X	Inspection	Inqu	JIFY C	ond in my opi	inion	
	EC. BES		deoth result	ed from Name	ni courses 🔲 🖊	Acriston X S	uicide [	Homicidi	le 🗍	Undetermined	d monner			
	SHOWE			11	/// //	166		TITLE (SPE	CIFY					
			ACTUAL SIGNATURE	1 14	8119	11/1	AA			MEDICALE	V A AA INIED	DATE	10-3-8	37
	DICA TE THE THE THE THE THE THE THE THE THE T	2	SIGNATORE.				· · · ·	.0		MEDICALE)	AMINER	SIGNEL	)	
	WE SHOW		EXAMINER'S	NAME	Charles	P. Kokes,	M.D.	A D D D E C C	11	1 Penn	Street			
	TO MEDICA EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE	73a B		TION, REMOVAL 2		23c NAME OF CE								
		(3				1987 Ivy	Hill	Cemete	ru	23d LOCATIO		COUN	TY ST	AIE
84 M	BP	74 F	UNERAL DIREC			100			a DATE RE	Laurel		Land DISTRAR'S SI	CNATURE	
	DHMH = 17				2 Home, La	unol Md		230	OCT.	1 3 100	7		Condal	A.
	(VR A15 ME (51)	1	viacuso	n runeru	- HUITE, Lu	will, ma			401	7 000	1	-	-	

## STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

REG NO

		EORPRIN S		WIDDLE		TAST	20 DATE	KNOWN TR MEN	· A AR AL HOIR			
ET		DAI	Œ	R.		CLIPTON	OF DEATH	MATED [ 11]	10 19 87 M			
SS 201 W PRESTON STREET	Ma.		ian May 22			NDER 1 YR. IF UNDER	MIN PRONOUN DEAD	NCED	1 . 1			
12		RTHPLACE HATEOR	Th CITIZEN OF V	WHAT COUNTRY?	8 MARR	IED NEVER MARK	9 BALTIM	ORE CITY OR COU				
/	Was	shington D.C.	U.S.A	A.	WIDOW			ice George	's Country MD			
)	Ea	agle Harbor	canal -	11 NAME OF HOSPITAL, NURSING HOME, OR OTH (16 NOT IN SUCH FACILITY GIVE STREET ADDRESS) canal - Patuxent River				PATION LITTE OF WORK	Gebhardt Cor			
	130 S			136 CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	X 7900 Ma	ilcolm Rd.	20735			
	Jo	THER'S NAME phr phn	WIDDLE	Clifton,		15 MOTHER'S MAID Anna	ENNAME	NIDDLE	Langley			
	16a W (YE	(AS DECEASED EVER IN U.S. S. NO. OR UNKNOWN) (IF YES.	ARMED FORCES?  GIVE WAR OR DATES)  N/A	214-68-8		John Cl:	ifton, Sr.	Same a	s 13 A-E			
	7	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAI IMME  Conditions, il any, which gave rise to immedicause (a) stating the unit	DIATE CAUSE (a) DUE TO, O	Drowning or as a consequence					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	NO	Cause (a) stating the under- lying cause last  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a										
	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH OP		70 AUTOPSY?						
	MEDICAL CERT	TIG EXTERNAL CAUSE WAS UNDERLYING IO OR CONTRIBUTING ICAUSE	OF DEATH 4:30	MAONTH DAY YE M. 10-10-19 OF INJURY (ATHOME)	87 Sub	ow INJURY OCCURRED ject drown						
Î	ME	WHILE NOT WHILE AT WORK		cana.l	S	uxent Rive	CITY OR TOV		George's MD			
		220   Certily that I taak charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my appearance of the remains described above, held an Autopsy   Inspection   Inquiry   and in my appearance of the resulted from Accident   Suicide   Hamicide   Undetermined manner    ACTUAL SIGNATURE   DATE   SIGNATURE   SIGNATU										
3		EXAMINER'S NAME Mario F. Golle, Jr., M.D. ADDRESS 111 Penn St., Balto., MD 21201										
	B	rial, cremation, remova urial	10/14/87			emetery			George's Md			
		NERAL DIRECTOR Lee 1d Alexander			20735	000	FEC'D BY REGISTRA	R 256 REGISTRAR'S	SIGNATURE			



		REGISTRAR				CEKIII	ICATE OF DEATH		REG. N	0.				
		OR PRINTI	KATH	IERINE	Gertruc	1	OFFREN	20 DATE OF		10	3	YEAR 87	2:16p	
1	3 SEX			4 RACE		5. DATE C		6 AGE INYEA	RS LAST BIR	THDAY	IF JN	DER LYEAR	IF UNDER LINE	
	Fe	male		Caucasian		Dec. 7, 1987		55		YRS			- Carrier	
	_ 🤅	THPLACE TATE OR FOIL OUNTRY)	.	U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GEORGES COUNTY MD						
5		LINTON MD		11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOME OF HOSPITAL NURSING HOME OF			DROTHER INSTITUTION D HOSPITAL	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF  Thsurance Agent						
1	13a S	RESIDENCE (IF NURSING TATE Cyland	36 COUN		GIVE RESIDENCE BEFORE 130 CIJY OR TOW Clinton		138 INSIDE CITY LIMITS?	11. STREET ADDRESS / ZIP CODE 5918 WoodLand Li				ane 20735		
		THER'S NAME	٨	AIDD1E	LAS.		15 MOTHER'S MAIDEN NA		MIDDLE			1.65	7	
	Ra	Ralph		Leroy	Goddard		Barbara	Virginia				Padgett		
160		WAS DECEASED EVER IN U.S. AR				RITY NO.	17 INFORMANT	ADDRESS						
	1	NO NO		NA POR DATES	578-38-1	.988	Norman W. C	offren	ffren Same as 13 A-E					
		SCAUSE OF DEATH LEnter only one cause per line for (a),   b) and (c)   Carculance   Cause   DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE										16	IMATE INTERVAL ONNET AND DEATH	
ATION	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									ES, WE	N IN PART 1 a  WERE FINDINGS USED		
	TIFIC	NA						IN CERTIFYING CAUSES OF DEAT					OF DEATH?	
7	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  15 FETHER NOTIFY MEDICAL EXAMINER 1  16 P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY  11d HOME STREET, FACTORY, OFFICE FARM. ETC.)  WHILE NOTIFY WHILE CITY OF TOWN  11d HOME STREET, FACTORY, OFFICE FARM. ETC.)  11d HOME STREET, FACTORY, OFFICE FARM. ETC.)								TATE				
		270 I certify that (I) (this haspital) attended the deceased from 1 Subsection 19 36 to 10/3 saw the deceased alive on 10/3 19 37, and that in (my) (our) opinion death occurred on the date and hour above, (I) (we) (did) (did not) view the body after death									from the			
,		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									10/4 87			
		228 PHYSICIAN'S NAM	1.	OF 16	EN, MD		36/1 BRANCA	+ Ave	Te	mple	e 4	11/2,	mel	
	230 BI	JRIAL CREMATION RE	EMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCAT	ION	T.				

BP. DHMH = 16 60M 7/B4 Burial

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735

10/07/87

Christ Episcopal Ch. Cem "Climton Prince" Georges Md.

OCT - 8 1987 Julia Devider-Rendella

067924

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

O OZRECHSTRAR		CENTIL	IICATE OF DEATH	REG. NO	
ONEASED NAME FIRM	MIDDLE		) <sup>AN'</sup>	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUSELS
trank	K	(01	eman	10 4-	8/
1.SEX	4 RACE		OF BIRTH	6 AGE LIN YEARS LAST BIRTHDAY	I NIME TAR O NITH ON
111	Caucasian	MCNT	106/05	01	JA, A, MC M W W
DE BURTHPLAGE THEY DRIVEN TO	76 CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY OR COU	RS I I I I I I I I I I I I I I I I I I I
Virginia	U.S.A.		D NEVER MARRIED	0	
CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	NURSING HOME		120 USUAL OCCUPATION	VIZE KIND OF BUSINESS OR
1 1 Satan	THE NOT IN SUCH FACILITY O	GIVE AIREET ADDRESS)	Lisa tol Co +	TYPE OF WORK FOR MOST OF WORKE	NG HEE INDUSTRY
E (IF NURSING HOME C	ROTHER IN UTIL TION SIVE RE IDE	NUE BEFORE ADMINIONS	tospilal cente	Civil Service	Hosp, Tal
The State 13b, COU	NTY 13c CITY	ORTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	1 0. 00/01
DEFATHERS NAME	arles Wa	ldorf	YES NO X	4267 Mockingbi	rd Ct., 20601
1987	MIDDLE	A	FIRST	AT TE	LAST
Frank Wall		leman	Annie	v 0.0 0 f d d	Gregory
Yes WAS DECEASED EVER IN U.S. A	IVE WAR IND DATES	IAL SECURITY NO	17 INFORMANT	AD4267	Mockingbird Ct.
Yes W	V II 220-	-18-7023	Marian McGrew	Coleman Waldo	rf, Maryland
18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS	nly one cause per line far in	by and c	/	/	BETWEEN ONSET AND DEATH
	TE CAUSE CAN	1,00	w/monai	Y AYYE	5
	DUE TO OR AS	NSEQUENCE OF			
Conditions, if ony, which	( 6) ZM	nnhy	10ma		
gove rise to immediate	DUE TO, OR AS A CO	NICE OLIENICE OF			
underlying cause last	DUE TO, OR AS A CC	INSECUENCE OF			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART (a
	0/0	F-9251	0.		
ME DATE OF OVERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED		FYES, WERE FINDINGS USED
ME				YES TO NO SE IN CE	ERTIFYING CAUSES OF DEATH?  YES NO NO
STE WCCERN MACINICALING	20s TIME OF INJURY		21c HOW INJURY OCCURR	RED ENTERNAL REFERENCE IN IN IN	tud Lud
THE INJURY OCCURRED	21e PLACE OF INJUST	19)	211 LOCATION		
*	141 Kind States Nachtak		TREET	2 Y OR TOWN	OUNTY
				11111	77
77x I certify that (I) office hose	3	6 1	nd that wimp our opinion of	death accurred on the date and	hour and from the couses stated
Obove (f) (we) (did (see	the body after deal			seem decomed on me date and	
11000	era ,	Inc.	DEGREE ATTENDING A	MEDICAL STAFF	221 DATE SIGNED
	-		PHYSICIAN	DIRECTOR PHYSICIAN	1 2 0/
228 BHYSICIAN'S NAME TYPE	PRINT	11/	22e ADDRESS	- 111	
VICTO C	1666	///	(1/1/61.	1 67	
730 BURIAL, CREMATION, REMOVA		230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION ITY OR TOWN	LINITY
Burial	10/7/87	Coleman	Cemetery	Buck	ingham Co. Va
24 FUNERAL DIRECTOR		A. De		REC D BY REGISTRAR	K 14 . Marsen
Dunkum Funeral H	lome, Box 24,	Dillwyn,	Va23936 UC	U'/ 198/ July	rentege shire

DHMH 16 50M 1 81 (VRA 15, 4)

BP.

OCT 07 1887 (C. Kales-Space

BP. DHMH - 16 60M 7 (VRA 15, 4)

# STATE OF MARYLAND

700	6 5 OCT ;	29 8	FOR STATE REGISTRAR	DEPART		LTH AND MENTAL HYG	ENE & REG. NO	0 2 5	9
			DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH		26 HOUR
	ay be lage 3 death	1	TYPE OR PRINT)  ELDRED	HUNTER (	COMSTOC	K	October 23	3, 1987	12:50p N
	pod Pod er de	3	SEX	4 RACE	5 DATE OF		6 AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
	ctor s offi		Male	Caucasian	Dec.	°8,1934	52	YRS DAY	5 HOURS MIN
	Pool of the	170	BIRTHPLACE INTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 >	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	n 72	/	Arkansas	United States	WIDOWED [		Prince (	George's Cou	inty M
	atter and a	× 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR		120 USUAL OCCUPATI	ON 12b KIND	OF BUSINESS OF
5 A	by th filed v	3	Lanham	AMI Doctors Hos	sp. of	Pr. Geo. Co.	Engineering	g Mgr. Ele	ctrical
MARYLAND 21201	filled in ould be must be	13	SUAL RESIDENCE (IF NURSING HOME OF STATE 135, COL Maryland Pri	prother institution, give residence before INTY INCE Geo, Bowie	E ADMISSION)	d. INSIDE CITY LIMITS?	3829 Winc	ZIP CODE hester Lane	/20715
YLA	1 11 1	7 14	FATHER'S NAME	•	15	MOTHER'S MAIDEN NAM			
A A	* 14 C3/		Eldred	H. Comstoc	k	Hilďa	WIDOLE	Barb	our
	n and co Pages	/ 16	WAS DECEASED EVER IN U.S. A	rmed forces? 166 SOCIAL SECU 261-44-		Marie S. Com	addresistock, Same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	The law requires that the death too.  I has been signed by the attending the month of the please remove contineer to burial, cremation, on the traumation.	2	Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUIDE TO, OR AS A CONSEQUIDE TO, OR AS A CONSEQUIDE TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH	ENCE OF		NAL DISEASE OR CON  200 AUTOPSY2  YES NACK	206 IF YES, WERE FING IN CERTIFYING CAUSI	DINGS USED
VITA	0 0 0 0	OP .	OR CONTRIBUTING TO CAUSE OF D		AY YEAR	HOW INJURY OCCURR	ED (ENTERNATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	Y
0 7	tySICIAN ding physis s certificat burial-tran Mental Hy at Item 18		LIF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19				
VISIO	or this arter of the burner of		21d INJURY OCCURRED  WHILE NOT! WHILE AL WORK  AL WORK	21e PLACE OF INJURY [AT HOME STREET FACTORY, OFFICE F		IF LOCATION STREET	CITY OR TO	VINUO) NWI	STATE
	TTENDIN pital or TOR Affor use or of Health 21 is man		22a I certify that (I) (this has saw the deceased alive a	in	(C) 7	that in (my) (our) opinion o	to 6 23	ote and hour and from the	that (I) (we) last
0	AL OR A the hos AL DIREC Jetoched are Dept T. If Item		27b. SIGNATURE	Cheel MD	DE	GREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF Oct	15 SIGNED 23, 198
	O HOSPITAL etained by th TO FUNERAL should be deta with the State	7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	2		e 121		
	TO HOS retained TO FUN should be with the IMPORT		Dr. Riad Dakh	eel, M. D.		14300 Gallan		Bowie, MD	20715
	D = F = 3 ₹ +	23	BURIAL, CREMATION, REMOVA	L 236 DATE 23c 1	NAME OF CEN	ETERY OR CREMATORY	23d LOCATION		
	BP		Burial	Oct. 27, 19870	heltenh	nam Veterans	Che'l'ten	ham county I	Maryland
r	DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	16000 Anna	polis F			256 REGISTRAR'S SIGN.	
	(VDA 15 4)		Beal Funeral H	Home Danie ADDRESS		DOCTE DO	T 2 8 1987	The same of	Pardale

And the control of th					
Apiculase del con del composition de la composition del composition de la compositio					
The state of the s		weeks .			
STATE TO CO. Novice Of John State Co. Novice Of Continues of Co. Novice					assundat.
Tire Sign (State of the Continue of the Contin	strate II . will polymer yet				
The Sign thing of the 1935 Wast F. Conferous, Sens as 8 13.	Erraftman established the		, Novice	ord south	BRIOTET
	uneda Hi				20 Told
	efficient, later on \$ 120.	April E. Co	2500-11-339		-
Ter Main Addition (1. 1). (1. 1). (24300 Online) on Lone (1980) NU (2012)					
Ter Main America, N. P					
The state of the s					
	Line UN .ohro! soni kot di			M. Astal	Hill I

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGUENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO ASED NAME O DATE KNOWN OF RECTOR R FILES HOURS STREET. DEATH MATED IF UNDER 24 HRS FUNERAL DIREC WHAT COUNTRY? NEVER MARRIED FOREIGN COUNTRY! DIVORCED X .S.A. WIDOWED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS ON INDUSTRY FOR MOST OF WORKING LIFE ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER 13a STATE 14 FATHER'S NAME OURS AL A 18. GIVE PACE. JG. WITH FORM PINAMIT. PAGES FIRST FIRST MIDDLE BALTIMORE 160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) SUZANNE DAVIS, Temple, sister-KOREAN S. Rd. Arizona YES ElFreda 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) ) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTANCH OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION. OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. a. IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO C CERT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH P.M. MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, FARM, ETC ) STREET CITY OF TOWN WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY ACTUAL MEDICAL EXAMINER EXAMPLE'S NAME Removal 10-29-87 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 07 84 BP. 24 FUNERAL DIRECTOR REC'D BY REGISTRAR DHMH 17 ADDRESS dulia Dividerza

(VR A15 ME (5))

State Anatomy Board

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

245	OCT	भ अ	EASED NAME FIRS	1	WIDDLE	· ·	AST	REG NO		YEAR	26 HOUR	
be 3	400	77	RAYMO	ND CONR.	AD JOSEPH	CO'	re.		OCT 2.2	1987	8:24 AM	
may po	P	3 SE		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		INDER   YEAR	# UNDER 4 14R*	
ge 4	and a second	I	lale	Caucasi	.an	sept	20, 1915	72	YRS	DAYS	HOLK, WIN	
deoth Po	172 ho	Ma	RTHPLACE ATE OR FOREIGI (OI NIRY)	U.S	WHAT COUNTRY?	WIDOWE		Prince Ge	_		MD	
rs ofter o	filed with	Ca	Mp Springs	Malcol	m Grow Ho	spita	ROTHER INSTITUTION	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GOVL.				
n 24 hau	hould be	Ma	1	P. G.	GIVE RESIDENCE BEFORE  13. CITY OR TOWN  10. Mar		13d INSIDE CITY LIMITS?	13£ STREET ADDRESS / 9230 Golder	zip code rod La	ne 2	20772	
red with	ond 2		eter's NAME	MIDDLE	Cote		Viva FIRST	MIDDLE	S	toddai	rd	
execu	No P		WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE				
e pe	-/	-	Lin CAUSE OF DEATH S		042-32-1		Donna Cote S	Same as 13 A	<del>1-</del> E	APPROX	IMATE INTERVAL ONSET AND DEATH	
i-ficot			18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	AUSED BY EDIATE CAUSE (0)	CARDTOPIIL	ONAR	7 FATLURE			BETWEEN	ONSET AND DEATH	
P Ce			IMM		R AS A CONSEQUE		TITLDORE					
deot	151		Conditions, if any, which	th ( 1b)_4	THEROSCLI		DISEASE					
t the	the the		gave rise to immediate couse to stating the underlying cause las	ne DUE TO C	r as a conseque	NCE OF						
tho ed b	or o			[c]_	ONTRIBUTING TO D	EATH DUT	NOT RELATED TO THE TERM	WIALDIES ASS OR CON	DITION COURT			
anna a	Then to bu	Z	PART 2 OTTER SIGNIFICA	AMI COMBITIONS C	ON KIBOTING TO L	EAIR BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART II		
he low re	t permit	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b IF YES, V IN CERTIFYIN YES [	NG CAUSES	NGS USED OF DEATH?	
physical	of Hyg		71a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE	OF DEATH HOUR A	DE INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN HEM 18 PART	OR PART.		
d ng	Ment Ment	MEDICAL	216 INJURY OCCURRED		M. OF INJURY	19	21f LOCATION					
offen offen	s the	ME	WHILE NOT WHILE E	[AT HOME ST	REET FACTORY OFFICE FA	ARM ETC )	STREET	( IEV OR TO	WN	VINITY	-1 ATE	
NON A	rs mo		22a 1 certify that (1) this	hospital) attended th	ne deceosed from 🗐		. 19.87					
ATTE osp te	d for		saw the deceased oliv obove, (I www (did) (d	ve on 22 OCT	after death	•	d that in (my) room opinion o	deoth occurred on the do	ote and hour a			
he h	Dep If Ite		I'M SIGNATURE HO	m	Breez	V	DEGREE ATTENDING _	MEDICAL STAF	FF	270 DATE		
by by JERAI	Store de	1	174 PHYSICIAN'S NAME	alle a com	nous	_ /	270 ADDITESCOLM GI	DIRECTOR PHYSIC			OCT 87	
HOS	with the	Ы		NAME OF TAXABLE	4000			FB. WASHINGT			331	
5 e 5	2 € 3 <u>₹</u>		BURIAL, CREMATION REM	Mary 800 W.	Ch. Children		EMETERY OR CREMATORY	23d LOCATION		OUNTY	la II	
BP_			emation	10/23/	87 Le	e's C	rematory	Clinton,	Prince	Georg	e's MD.	
DHMH I	16 60M 7 846 A 15, 4) 66	33 C	oneral director Did Alexnader	ee Funeral Ferry Rd	Clinton,	Mary]	Land 20735 00	E REC'D BY REGISTRAR	256 REGISTRA	R'S SIGNA	IJRE	

		Tremor.		10-10-87
168108	ner -	FOR PASTATE	per funera	17 home

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	0	13	5	3
0	U	4 -00	0	U

D UI REGISTRAR				CERTIFI	CATE OF DEATH	REG NO			
1 DECEASED NAME	FIRST		MIDDLE	U	81	20 DATE OF DEATH	MONIH DAY	YEAR	26 HOUR
TITTE OR PRINTI	MARGARI	ET PA	ULTNE	COT	RUFO	00	T 03	87	02:45am
3 SEX	4	RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	HDAY) IF	INDER ! YEAR	
FEM	ALE	WH	HITE	OCT.	4,1903 <sup>EAR</sup>	83	YRS	SIRS DAYS	HI UR MIN
OUNTRY	TE OF FOREIGN 71	CITIZEN OF	WHAT COUNTRY	(2 8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
SCOTLANI		U.S	5.A.	WIDOWE		PRINCE	GEORG	EES	MD
CLINTO		(IF NOT IN SU	HOSPITAL, NURS CHEACILITY GIVE STRE JM GROW	ET ADDRESS)	ROTHER INSTITUTION  ITAL (AFB)	170 USUAL OCCUPATI TYPE OF WORK FOR MOST O HOMEMAK	F WORKING LIFE	126 KIND O INDUSTRY OWN	
USUAL RESIDENCE 1 130 STATE MD.	136 COUNT		130. CITY OR TO INDIAN	WN	138 INSIDE CITY LIMITS? YES NO	9 EVELYN	ZIP CODE LANE	2	.0640
ALEXAN		DDLE	PE	RRY	15 MOTHER'S MAIDEN NAM MARGARE	MIDDLE		ίÔ	ČÍCK
160 WAS DECEASED		ED FORCES?	166 SOCIAL SEC	CURITY NO	17 INFORMANT	ADDRE	SS		
NO	(IF TES GIVE	WAR OR DATES!	217-32	-2858.	MARGARET D	. CHAMPAG	NE S	SAME	AS #13
PART 2 OTHER	immediate stating the cause last	( c)_	OR AS A CONSEQ		NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 1	a
A DATE OF O	PERATION	196 COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES □ NO	206 IF YES, V IN CERTIFYIN		INGS USED S OF DEATH?
OR CONTRIBUTION (IF EITHER NOTIF	AS UNDERLYING	P 21e PLACE	OF INJURY  M MONTH  M  OF INJURY  REET FACTORY OFFICE	19	211 LOCATION	RED LENTER WAT RE OF INJU		OUNTY	JATE
220 I certify th	ot (1) (this hospital eceased alive on we (did (did not	3 00	19	12.00	SEP 19 67 d that in (my) (our) opinion of	to 3 October to 3 october death occurred on the de		B7	that (I) (we) lost e couses stated
226 SIGNATUR	s m	3000	m		ATTENDING PHYSICIAN	MEDICAL STAI	FIANT		ESIGNED DCT 87
LOZE	TA D		BRIEN	·	MALCOLM GROV		CEN AAF	B MD	20331
230 BURIAL CREMAT	ION, REMOVAL	236 DATE 10-5-		RINIT	EMETERY OR CREMATORY Y MEMORIAL	GARDEN WA	LDORF	CHAR	RLES MD.

DHMH 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIFFCTOR should be dell

BP.

24 FUNERAL DIRECTOR

AREHART FU FUNERAL HOME, INC. LA PLATA, MD. 250 DATE RECD BY REGISTRAR 230 BEGISTDAR'S SIGNATURE

A COLUMN TO THE REAL PROPERTY OF THE PROPERTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

,	13		0	4
3	U	-	0	7

Τ.	- ALGISTRAR							REG.	NO				
	DECEASED NAME	FIRST		WIDDIE		LAST		20 DATE OF DEATH	MONTH	DAY	YÉ AR	26 HOU	R
		MOND	JOS	SEPH	COUR	CHAINE			OCT	18	87	8:4	7 pm
3	SEX	4 F	RACE			OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	I YEAR	FUNDER	J HW
	Male		Cauc		MON!	_	16	71	YRS	WONLIN,	DAYS	HOUR	MIN
70	BIRTHPLACE IS ATE OR FO	REIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8			9 BALTIMORE CITY			HTA		
	Mass.			USA	WIDOW		VORCED [	Prince (					MD
3	Andrews AFB		LIE NOT IN SHO	HEACHITY GIVES	IRSING HOME STREET ADORESS) Medical			120 USUAL OCCUPA ILYPE OF WORK FOR MOS Retired		LIFE) IND	USTRY CMy	F BUSINE	SS OR
1		COUNTY Ge		13c CITY OR		13d INSIDE C	NO [	13e STREET ADDRESS 104 Talbe			0745		
214	Joseph	0 •	_	urchai			s maiden na/ elen	WE		Co	olbu	irn	
16	WAS DECEASED EVER IN	1946-		016-18	-7355	Harold		ırchaine Rt	RESS 2 Bo	x 11:	L Ch	arle	·H.
F	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED B	Υ		CARDIA	C ARRES	ıŢ			BE	APPROXI	MATE INTER	VAL
Т	1/	AMEDIATE C	AUSE (0)	HOOLD	OIII.DIII	I IIIII							
н		/	DUE TO, O	R AS A CONS	EQUENCE OF								
П	Gonditions, if any, gave rise to imme	diote	b										
Т	couse (a), stating underlying couse	the lost	DUE TO, O	R AS A CONS	EQUENCE OF								
П	DANK O OTHER SIGNA		(c)		TO DE 1711 B11								
	PART 2 OTHER SIGNI	FICANT CON	ADITIONS CO	UNIKIBUTING	NO DEATH BU	I NOT RELATEL	) IO INE IERM	INAL DISEASE OR CO	NDITION G	INEN IN P	ARI IIO	)	
5	190 DATE OF OPERATION 210 ACCIDENT WAS UNDER	N	196 COND	ITION FOR WI	HICH OPERATIO	ON WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE TIFYING C	FINDIN	OF DEAT	H?
4	210 ACCIDENT WAS UNDER	RLYING	216 TIME C	OF INJURY		21c HOW IN	IJURY OCCURR	RED (ENTER NATURE OF IN			ART .	110	
					DAY YEAR								
	OR CONTRIBUTING CA		21e PLACE	M. OF INJURY	19	21f LOCATIO	ON						
	Multiple MOLWHILL			REET FACTORY OF	FICE FARM ETC.)	STREET		( ITY OR	IOWN	COU	NIY	- 61	STATE
	A WORK AI WORK				om -10	ALIG	10 87	to 18 0	Cilli		27		
1	220 I certify that (1 sow the deceased above, (1) (we) (did	Olive Oli	18 OCT		87	ind that in (mg)		deoth occurred on the		out and fr		that / (w	
1	276 SIGNATURE	9 Sc	hoor	ens			ATTENDING PHYSICIAN		AFF ICIAN M			SIGNED OCT 1	987
	22d PHYSICIAN'S NA	ATHY J. SC	HOORENS			M C	SMC	AAFB, 1	ND	303	33	,	
2	BURIAL, CREMATION, (SPECIFY) Burial	alcumi di	10/21/	4.	230 NAME OF			23d LOCATION CITY OF TOWN Chelten	nam	COUNT	γ	Md .	AIE
2	FUNERAL DIRECTOR	-	20/21/	01	Liu vet	CLair Oc	2000AT	E NO. O BY PECULIRA	-	LIBAL 6.5	CNYO	note	
	G.P. Kalas	6160 0	von U	ill Rd		iill Mc	1001	2 1 1987	7	and althou	- Alm		1
	Gel. Valas	OTOO O	AUII II.	TTT I/(I .	OXUII I	كالأ وللسلسا							

DHMH = 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate hos in should be detached for use as the buriot-transit permission the State Dept of Health and Mental Hygiene Ins MPORTANT If Hem 21 is morked or Hem 18 shows

IIIOOKIZI YATK

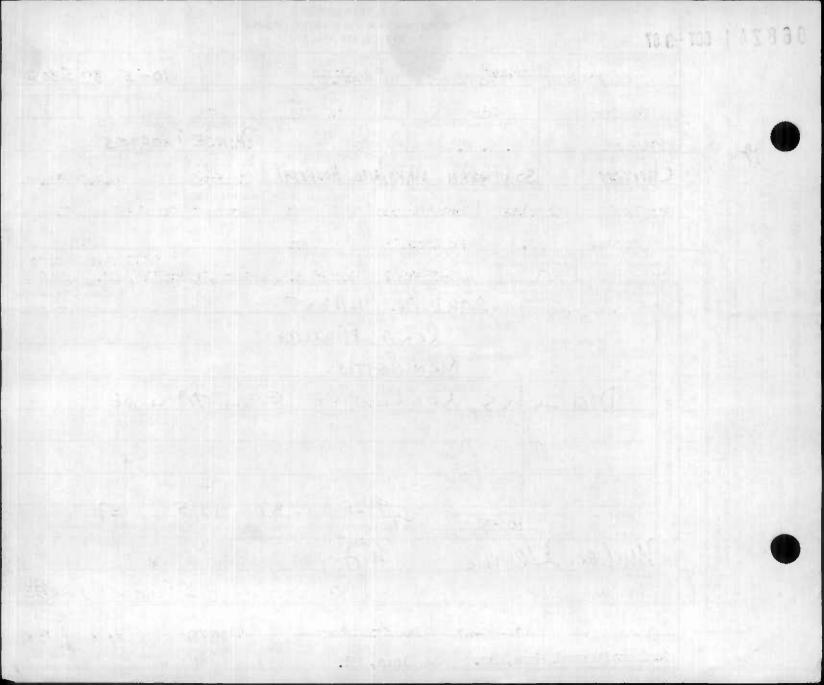
167.2-1 gap

### FOR OCT -9 87 ATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOSIENS CERTIFICATE OF DEATH

0

6	1 001	TJ	<b>EGISTRAR</b>			CERTIF	CATE OF DEATH	REG. NO	0		
		1 DE	CEASED NAME FIR	ST.	MIDDIE	L.	LST.	20 DATE OF DEATH		AY YEAR	26 HOUR
be 3	Ę 0	[TYP]	GLIZABI=	Elizabeth	Conne	11 CK	Cress		10-	5 87	5:30 Am
nay be	P	3 SE		4 RACE	Come	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	FINDER YEAR	IF INDER 24 HRY
4 9.	- t-					MONTH	DAY YEAR		MC	UNTH' DAIS	HOURS MIN
age rect	50 . / /	_	Female	Whi		03	16 1912	75	YRS		
4 0	2 ho		RTHPLACE ATE OR FOREIC	76 CITIZEN OF	WHAT COUN	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
on ne	0	Ca	lifornia	U.S.	Α.	WIDOWE		YRINCE Y	EORY	ES	MD
173	4 10/		TY OR TOWN OF DEATH				ROTHER INSTITUTION	12ª USUAL OCCUPATI			F BUSINESS OR
0 =	B JE	DC	INTON	SOUTH	CH FACILITY, GIVE	MARY A	NO HOSPITAL	Retired	F WORKING (IFE)		Sanal L
our's	pe l	USU	AL RESIDENCE (IF NURSING H	ME OR OTHER INSTITUTION						LU.S.G	OVIE
led h	PPI 2			COUNTY	13t CITY OR		138 INSIDE CITY LIMITS?	13e STREET ADDRESS			
y fill	out a	_	ryland I	Charles	Port	Tobacco	YES NO NO		Box 13	17_20	1677
	P PE C		FIRST	MIDDLE	LAS	T.	FIRST	MIDDLE		LAS	я
a du	6/8/	1	Warren	E.	Mc C	onnell	Vera			Fi	fe
nd co	Se los		VAS DECEASED EVER IN U	S ARMED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMANT	ADDRE	55 9833	Veirs	Drive
0 6	Po g	100		N/A	210-0	5-8602	Harold A. We	ennhera Rock			20850
d a	the the		18 CAUSE OF DEATH (E)				Hartord 71. W	THIRA THE INA	VIII I	APPROX	MATE INTERVAL ONSET AND DEATH
ficot	pop novo		PART I DE ATH WAS	AUSED BY	MADI	IAT F	10055			BE I WEELING	JASEL AND DEATH
ng p	ren		IMA	NEDIATE CAUSE (a).	110		1-1-1-1				
the indi	CO TO			DUE TO, C	OR AS A CON	SOUENCE OF	FAILURE				
dec offe	rour		Canditions, il ony, wh gave rise to immedia			CNAL	Mula				
the the	eme		cause to stating	the DUE TO C	OR AS ALCONS	SEQUENCE OF					
thot	ol. c	1	underlying cause lo	ist (c)_	Me	NING	TIS.				
se lue	y. o		PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE LER	MINAL DISEASE ORYON	DITION GIVE	N IN PART 1	D .
lo sign	The	CERTIFICATION	1)1a	20+85	(2	DNICE	TIVE I'ME	-AUT TA	7441	E.	
» pee	Drio y	1 4	198 DATE OF OPERATION	196 CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
e lo	De la	Ĭ.			,			YES T NOT	YES	ING CAUSES	NO [
Sicio	Hygie 18 sho	E .	21a ACCIDENT WAS UNDERLY	ING   216 TIME	OF INJURY		21c HOW INJURY OCCUI				
phy phy	01 H)		OR CONTRIBUTING CAUSE	OF DEATH HOUR A		H DAY YEAR	-				
SIC	Her	200	216 INJURY OCCURRED		OF INJURY	19	21f LOCATION				
PH	d or	MEDICAL		LAT HOME S		OFFICE FARM ETC )	STREET	CITY OR TO	WN	LOUNTY	BIATE
NG off	os the		AT WORK AT WORK			91	20 0	0 1.10	-		
Z - &	ded ded		220 I certify that (li (this		he deceased t		23 19 8	1 10 10/2	1		that it (we last
pito TTO	21 2		sow the deceased of above, 11) (we) (did) (	did not view the bad		19 67 or	d that in (my) (our) opinion	death occurred on the de	ate and hour	and from the	causes stated
HOS HEE	ept tem		2 b SIGNATURE	19-		1	EGNEE			22c DATE	SIGNED
the of	etoc #		Marger	Allen	0	11.	ATTENDING PHYSICIAN	MEDICAL STA			
by by ERA	Stod	1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS	Δ	- IAI - (M)		
red FUN	the the		My Hard	1 inter.			1901 MID R	SUL INIA	CLIMTO	N MO	20735
10	should be de w th the Stot	-	THETTAL	LEVING		I no	TOOL OLD D	KHMCH IVE	CHMIO	14 111)	70/00
F .		230	BURIAL, CREMATION, REM	OVAL 236 DATE		73¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP			Cremation	10-06	87	Lee Cre	ematory	Clinton		P.G.	Md.
DHMH = 16	5 60M 7 B4		UNERAL DIRECTOR	100		DRES	250 DA	TE REC D BY REGISTRAR	256 REGISTR		URE
	15, 4)	A	rehärt Funera	1 Home, Inc	. L	a Plata.	Md. 00	8 1987	Efulia	Desiden	. Randass



Crocker	
07A01848	-

FOR

Willard

190 DATE OF OPERATION

STATE OF MAKTLAND	- 1
DEPARTMENT OF HEALTH AND MENTAL	HYCIENE /
CERTIFICATE OF DEATH	

- STATE		CERTIFICATE OF DEATH	REG. NO			
I DECEASED NAME FIRST	WIDDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
ALI	CE L. CROCKER		OCTOBER 25, 1987			
3 SEX	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LIFEAR	# NIER, 1 HR	
Female	Caucasian	Oct. 5th 1919	9 68 YRS	MONTH! DAYS	HOUR - MIN	
TO BIRTHPLACE INTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	TY OF DEATH		
Phil., Pa.	USA	MARRIED NEVER MARRIED WIDOWED MORCED		COUNTY	MD	
10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR	
Laurel	GREATER LAUREL B	ADDRESS) ELTSVILLE HOSPITA	Store Mgr. Re		Cente	
130 STATE 136 CC	FOR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 136 CITY OR TOW Seabro		130 STREET ADDRESS / ZIP COI 6914 Woodstre		.20706	
		14	11115			

18 CAUSE OF DEATH	n/a HEnter only one cause per		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	IMMEDIATE CAUSE (a)		
Conditions, if any, gave rise to imm	lealare )	Chande novous system fadure	
cause ia stating underlying cause	the last DUE TO, O	RASA CONSEQUENCE OF CONCER of lung.	

Dorothy

Lozo

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) NO! WHILE 220 1 certify that (I) (this haspital) attended he deceased from,

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN

200 AUTOPSY?

MIDDLE

2218 Musgrove Rd.

Eidel

206 IF YES, WERE FINDINGS USED

P.G.

Maryland

7525 Julenway (12 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto.Wash.Crematory Laurel 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 10/29/87

24 FUNERAL DIRECTOR 7601 Sandy Spring Road Fleck Funeral Home, Inc. \*\*Daurel, Md.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

A TOTAL AND LINES AND STORE SERVICE SERVICES AND STORE SERVICES AND ST		a english		
A STANDARD S				. si 21/
AND THE PROPERTY OF THE PROPER				
SPOZ TOM TO TOWN AND THE PROPERTY OF THE PARTY OF THE PAR	OFOE, not mental concil			1.3
AND				
	Paragraph and a color			
exterior to the second of the				
erlada de la				
	ER 04 9	1		

# ector page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burnal-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burnal, cremation... TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove etoined by the hospital or

BP.

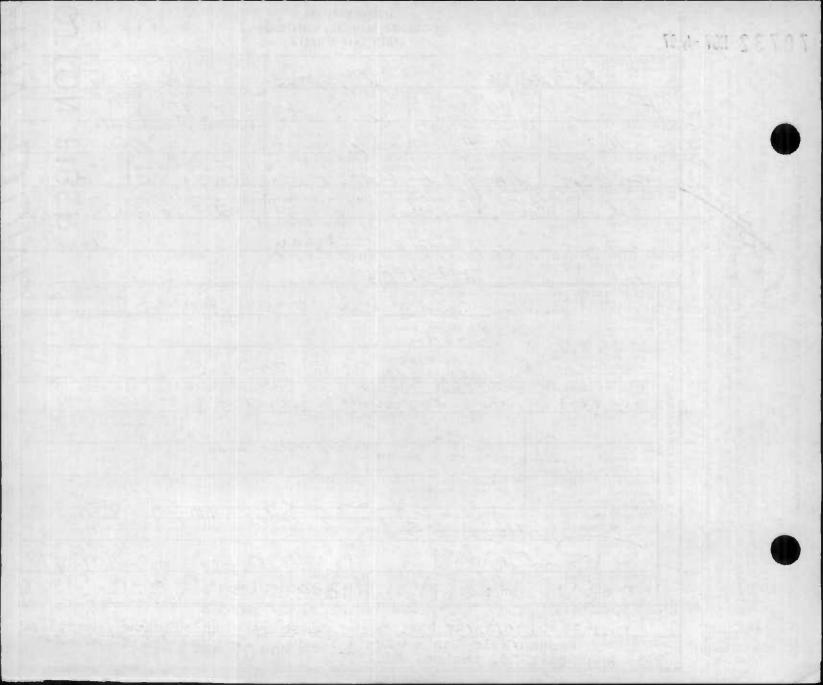
DHMH 16 60M 7/84 (VRA 15, 4)

IMPORTANT If Item 21 is morked or Item 18 shows

170732

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-12	67-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG		) 2. 5 ./
			week		REG. NO	
		CEASED NAME FIRST	RINE	UMM MCS	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	3 SEX	5-	A RACE (Carke) 5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	TE INDER I YEAR IF LINDER 24 HRY
-	7 00	7	NITTE	7/	10	YRS
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARR WIDON	NED NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR CO	P. C. MD
)		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).	ARCHERINSTITUTION A.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  10 CM SF 12 /F	126 KIND OF BUSINESS OR
	13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	1 YES NO NO	130 STREET ADDRESS / ZIP	CODE 12 20706
3	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WE	IAST / E
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO EWAR OR DATES)	17 INFORMANT	ADDRESS	W. S. C.
		PART I DEATH WAS CAUSE IMMEDIATI Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	Pulm on	ony Arre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		couse DI stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	heart Fo		
	NOI	right e	CONDITIONS CONTRIBUTING TO DEATH BI	INOT RELATED TO THE TERM	ein Syn	chane,
H	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
7		? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY N.	EM 8 PART TRPART 7
	MEDICAL	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	TY OR TOWN	LOUNTY TATE
		27a I certify that (I) (this hospit saw the deceased alive on above (I) (we take) (did not	tal) attended the deceased from		to 10 - 2 death occurred on the date ar	that it (we last and hour and from the causes stated
,		22b STGNATURE	cerda	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF PIRECTOR   PHYSICIAN	22c DATE SIGNED /0/29/87
/		PHYSICIAN'S NAME (14PE OF	ALORA	14B0060	Mant For	DEON'S BOWIE
		Burial  Burial		CEMETERY OR CREMATORY Live Cemeter	23d LOCATION CITY OR TOWN Randalls	stown. Maryland
	74 EI					ECISTRAR SISKMATIKE A
		NEIIU.	on/Hale Lanham Fu s Rd. Lanham, Md.		V 0 3 1987	Des Davida de des



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

3	1 -	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL H	YGRNE / 3 U	. 0						
1 7 8 001 5		EASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR						
y be death	TIYPE OR PRINT)		N Sylvest	ter CURTIS	10	13 87 11 45AM						
mo bo	3 SE	X	1 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF INDER . HRS						
ge 4	N	MALE	BLACK	11 22 08	78 YRS	AN DATE HOURS MIN						
nerol dir	Vin	RTMPLACE PARATE ON FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD						
by the to			NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) NURSING CARE FAC		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Chauffer	126 KIND OF BUSINESS OR INDUSTRY  Transportation						
filled in rould be	130 5	STATE NIS COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY I I I I I I I I I I I I I I I I I I I	N 13d INSIDE CITY LIMITS?	Ide STREET ADDRESS / ZIP CODE Rt. 1, Box 303	79999						
ompletely ond 2 sk	1	ohn E. Curtis	AIOOLE LAST	15 MOTHER'S MAIDEN I	Brown	IAST						
y co		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRESS							
S. Pog		no	705-10-93	John E. C	urtis							
ruficote		18 CAUSE OF DEATH Enter and PART I DEATH WAS CAUSED IMMEDIATI	y ane cause per line far (a), (b), and BY E CAUSE (a)	l'orespiratory	Derest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
s that the death ed by Heath slease riol, crimetion or other frontion		Canditians, if any, which gave rise to immediate cause io stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	NCE OF								
Then properties to but	NO	CAPONY DAS	CAL Brown Jy		RMINAL DISEASE OR CONDITION GIVE							
he law rangon has been it permit rene prior	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO						
SICIAN I og physic certificate rial-trans ental Hyg frem 18 sk		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR 19 216 HOW INJURY OCC	URRED ENTER NATURE OF INJURY IN ITEM 18 P.	AR! OR PARI,						
ottend ther this as the bu	MEDICAL	21d INJURY OCCURRED  WMILE NOT WHITE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE F		CITY OR TOWN	COUNTY						
spitol or Spitol or CTOR A for use of Health			270 I certify that () (this haspital) attended the deceased from 973 1907 that () (we last saw the deceased alive on 10/13 1907 that () (we last above. (i) we idid (did not) view the bady offer death									
TAL OR Ay the hoy the hoy detached tote Dept		Wa H. Y	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DATES  270 DATES									
O HOSPII O FUNE O FUNE Nould be with the St		JOO A.	610000.72	100600	300 Greenbel- Logov	,						
BP	В	BURIAL, CREMATION, REMOVAL SPECIETY Urial	1 10	rtis Family Cemet	tery Warrenton I	Fauquier Va.						
DHMH 16 60M 7 84 (VRA 15, 4)		oser Funeral Hor	me, Inc. Warren		T 2 3 1987	RAR'S SIGNATURE						

					De	
		W		7.15		
					ataber/1	
	I, FOR FOR				plate at the	
		North Teorn			ed a miet	
		alfor T. Mook	\$025-07-205		OF	
Mary Colon						
all particus	po taprovil	Tonian Yilan	atrino 75	(61/0F	Lifne	
			e novine vicini.			

068359 OCT 5146 07 REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

			REG	NO
2 a	DATE	OF	DEATH	MONT

- 1									IV.C.	0 110				
		CEASED NAME	FIRST	^	MIDDLE		LAST		20 DATE OF DEAT	TH MONTH	DAY YE	AR 2b	HOUR	
		0478341)	WAI TE	<sub>R</sub> Ca	wood	D/	ADF, Sr.			10	06 8	37 1	2:05	SP M
	3 SEX	(		4 RACE		5 DATE	OF BIRTH		6 AGE IN YEARS LA	ST BIRTHDAY)	IF LINDER		UNDER	4 HR*
		MALE		WHI	TE	02	09	ďĝ l		78 YRS		PA PE	4	MIN
0		RTHPLACE LATE ON F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	8	000		9 BALTIMORE CI			TH .		
		ountry) ryland		U.S.A		WIDOW	D X NEVER MARI	CED	PRINCE	GFORGE	=15			MD
Н		TY OR TOWN OF DEA	ATH				OR OTHER INSTITUT		120 USUAL OCCU	IPATION	12b KII	ND OF B	USINES	SS OR
		CHEVERL		PRINC		'S HO:	SPITAL CE	NTER	Driver	OST OF WORKING	Bu	STRY Co	omp	any
3	13a S	IL RESIDENCE HE NURS TATE Iryland	136 COUN	TY	Brentwo	VN .	13d INSIDE CITY L		3700 Per	rry St	reet	2072	2	
		THER S NAME					15 MOTHER'S MA	land 1						
		Roger	1	WIDDLE	Dade		Sus	ie	E	)LE	В	all		
-	160 W	AS DECEASED EVER	IN U.S. ARA	MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT		A	03700 I	Perry	Stre	eet	
		ES NO OR UNKNOWN)		WAR OR DATES)	577-03-		Mamie V.	Dad						0722
1		18 CAUSE OF DEAT	H Enter onl	y one couse per	line for o , b o	nd ic					AF TY	PPROXIMA WEEN ONS	TE INTERV	AL EATH
1		PART I DEATH W			CARDIO	RESP	IRATORY	1	FAILUE	26				
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony,	which				LESTIVE_	CARD	DIAC FA	LURE	-			
		gove rise to imm	nediote	)										
n		underlying couse lost												
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PA	RT 1 a		
	Z													
5	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPFRATIO	N WAS PERFORME	D	200 AUTOPSY?		YES, WERE F			
1	JFI O								YES TI NO	4-1	RTIFYING CA		DEATH	12
4	ERI	21a ACCIDENT WAS UND	DERLYING [	216 TIME O				Y OCCURRI	ED LENTER NATURE	INJURY IN ITEM	IR PART OR PAI	H1 2		
2		OR CONTRIBUTING		18	M MONTH [	DAY YEAR								
	MEDICAL	21d INJURY OCCUR		21e PLACE		19	21f LOCATION							
	ME	WHILE NO! WE	OIE 🗍		BEET FACTORY OFFICE	FARM ETC )	STREET		Elty	ORTOWN	OUN	l Y		ATE
		220 Certify that (\$)		ral attanded the	a deceased from	Q	7- 1	0627	10 10	. (	10 (257	the	t I (w	n) lost
		sow the decease	ed alive on.	10-6	19	87 .	nd that in (my) (our	) opinion d	eath occurred on t	he date and I	hour and hor			
		above (I) (we) (c	did) (did not	view the body	after death		DEGREE					DATE SIC		
		- 4	5-1	Noyer			ATTE	NDING	MEDICAL	STAFF				
1		77d PHYSICIAN'S N	AME INPEN	4			PHYS	SICIAN X	DIRECTOR PH	YSICIAN []				
		_		AYAR	M.D		3717	- 3	81 AVE	- BR	REWTW	COD	My	D
		URIAL, CREMATION,					EMETERY OR CREA		23d LOCATION		P.G.	Mai	cyla	nd
		Buria		10/09/			ncoln Cen							
	P P	ancis Gas	ch's	Sons Fu	neral	ome, i	P.A.	25a DATE	REC D. BY REGIS			400	-	
	47	39 Baltimo	ore A	venue F	lyattsvil	le, Mo	20781	1001	10 198/	1	Durida	n. Kan	dall	b

DHMH 16 60M 7 84 (VRA 15, 4)

should be detached for use as the burial-transit permoves the State Dept of Health and Mental Hygiene

IMPORTANT If Hem 21 is m

etained by the hospital or

BP.

TO FUNERAL DIRECTOR

18 21 7 30 9 10 2 19 87 

STATE OF MARYLAND

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbanappers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burnal, cremation or removal.

BP.

DHMH 16 50M 1 81 (VRA 15, 4)

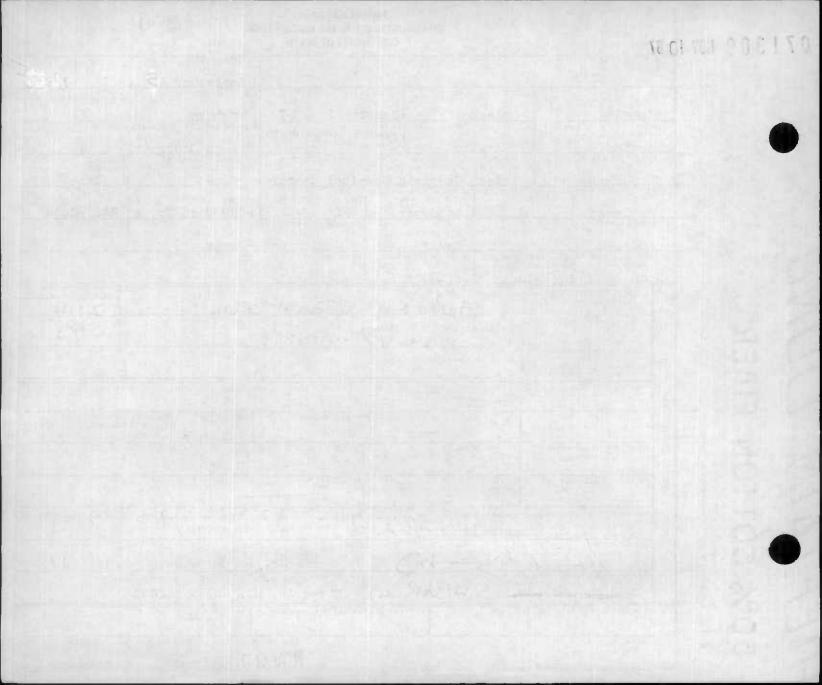
071309

FOR

STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL I	TYGIENE
CERTIFICATE OF DEATH	

302/

h B	7 REGISTRAR			CERTIF	ICATE OF DEATH	REG N	0.		
	CEASED NAME	FIRS	WIDDLE	1	AST	20 DATE OF DEATH	MÖNTH	DAY YEAR	26 HOUR
					Davis	September	13,	1987	12:5
3 SE	X	4 RACE		5 DATE C		6 AGE LINYEARS LAST BIR	THDAY	If JER YEAR	ar ER v
_	Female	Black	k	Sept		Newborn	YRS		1000
70 BI	IRTHPLACE	FORE ON 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED &	9 BALTIMORE CITY C	R COUN	TY OF DEATH	
	arvland	Marv	land	WIDOWE		Prince Geo	roe	S	
10 C	ITY OR TOWN OF DE		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	F BUSINESS
- C	hever1v				pital Center	None	IF WORKING	Non	6
USU,		RSING HOME OR OTHER IN LITUTION	GIVE RESIDENCE BEFORE	ADMISSION		1	7	100	
	arvland	PG	Landove		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6809 West	Fore	et pd 3	203
	ATHER'S NAME			L	15. MOTHER'S MAIDEN NA		rore	St Ru. 11	203
	A d	WIDDLE	Dania		FIRST A	MIDDLE		LAS	1
	Andre WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	Davis 166 SOCIAL SECU	IRITY NO	Venita Ann	n Davis	55		
	YES NO OR UNKNOWNT	(IF YES GIVE WAR OR DATES)							
- IV	one	<u>l None</u>	None					ARREON	
	PART I DEATH	TH Enter only one cause per WAS CAUSED BY	line far 19 1b and	de	120 100			BETWEEN	MATE INTERVAL ONSET AND DEA
		IMMEDIATE CAUSE (0)	TITI	14	MAN	July		7	124
CERTIFICATION	PART 2 OTHER SIG	NIFICANT CONDITIONS CO			NOT RELATED TO THE TERM	20a AUTOPSY?	206 IF Y	ES, WERE FINDIN	GS USED OF DEATH?
ERT	21a ACCIDENT WAS UN	NDERLYING 716 TIME O	F INJURY		21c HOW INJURY OCCUR	PED (EASED NA DE DE DE		YES []	NO 🗌
	OR CONTRIBUTING	CAUSE OF DEATH HOUR A	M. MONTH DA			CO (Editor day at Or Latte	TO ON TEM TO	, rani i da rani i	
MEDICAL	21d INJURY OCCUR			19	21f LOCATION				
ME	WHILE NO! W	HILE THOME STE	REET FACTORY OFFICE F	ARM ETC	STREET	I ITY OR TO	WN	COUNTY	MIATE
	A WORK A WO	JWK 1					0.115	25	
	saw the deceo	(this hospital) offended th	e deceased from		nd that in (my) (our) opinion	dooth coursed on the di-	7//5	, ,	that (I (we)
	above, (h (weh)	(did) (did not) view the body	atter death	7	DEGREE	deom occorred on the de	ore and no		
	THE SIGNATURE	1.4	W		ATTENDING PHYSICIAN	MEDICAL STAI		1/Y	87
	224 PHYSICIAN'S N	AME (TYPE OR PRINT)	1.0		22e ADDRESS				
	Joel Pos	chin, M.D.	-WY VOK	(m)	Cheverly,	MD. 20785	PGH	C	
23a B	BURIAL, CREMATION (SPECIFY)	REMOVAL 23b DATE	23t N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24 FL	UNERAL DIRECTOR				25a DA	TE REC D. BY REGISTRAR	256 REGIS	STRAR'S SIGNAT	URE
	NAME		ADDRES		'NOV	0 9 1997	17.		Line
					1100	1 2 14681			



offending physicion

etained by the hospital or

BP.

DHMH 16 60M 7 B4

(VRA 15, 4)

# STATE OF MARYLAND

7 -	FOR STATE REGISTRAR			DEFARIM		EALTH AND MENTAL HYGICATE OF DEATH	THEFT.	REG NO			
	CEASED NAME	FIRST	,	MIDDLE	1.4	AST	20 DATE OF	DEATH M	I HINC	)AY YEAR	26 HOUR
( IANE	OR PRINTI	Flfred	( N	IMN)	1	DAVIS		10	3	87	12
3 SEX			RACE		5 DATE O	1-012	6 AGE (IN YE	ARS LAST BIRTHE	DAY	IF UNDER YEAR	IF LINDER 2.
	Male		C2.10	asian	MONTH			77	-	NON'NO WAT	HO JR
70 BH	RIHPLACE COLATE OR	FOREICH 7h		WHAT COUNTRY?	8	25 09	9 BALTIMOI	DE CITY OF	COLINITY	OF DEATH	
	COUNTRY)	TOREIGN I		WITAT COONTRY		NEVER MARRIED	0.		COOM	VI DENIII	
	igland	111	USA	105000000000000000000000000000000000000	WIDOWE	DIVORCED DIVORCED	Princ		orge		
0	1 / 1	AIH		HEACILITY, GIVE STREET A		OHER INSTITUTION	12a USUAL C	FOR MOST OF V	VORKING LIFE	126 KIND O INDUSTRY	
	reenbelt		reenh:	elt N.59 (	enter	/	Self-	employ	red	Pharm	acist
13a S	AL RESIDENCE (IF NUR	136 COUNTY		134 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET A	DDRESS / 7	IP CODE		
Ma	rvland	Pr.Geo		Bowie		YES 💢 NO 🗌	12323				115
	THER'S NAME					15 MOTHER'S MAIDEN NA	ME				
	Harry	M/D	DiE	Davis		Lizzie		MIDDLE		Rejo	
16a V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECUR	RITY NO	17 INFORMANT		ADDRES		116.10	
()	YES NO DEUNKNOWN)	(IF YES GIVE W		145-05-2	228	Patricia D.	Pross	Bowie	Man Man	vel Lar	201
	18 CAUSE OF DEAT	TH Enter only o	one couse per	line for lat, 1b , and	IC I	0.5 01	4. 4. 10	£-			MATE INTERV
	PARTIDEATHY	IMMEDIATE (		Ca	ro	ual w	VEEN	-8		Eli	way.
	Conditions, if ony gove rise to im couse of state	mediate ng the	(b)_/	R AS A CONSEQUEN	2/1/2	ortate	cur	lille	our	20	jeec
NO	gove rise to im couse of state underlying couse	mediate ng the e last	DUE TO, OI	R AS A CONSEQUEN	NCE OF	Otate (					jeec
TIFICATION	gove rise to im couse of state underlying couse	mediate ng the e last NIFICANT COI	DUE TO, OI	MEXICALITY  R AS A CONSEQUENT  DISTRIBUTING TO DI	NCE OF			OR CONDI	TION GIVI	EN IN PART 1 (	IGS USED
AL CERTIFICATION	gove rise to im couse of stote underlying couse  PART 2 OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last  NIFICANT COI  NITION  DERLYING  CAUSE OF DEATH	DUE TO, OI (c)	R AS A CONSEQUENT OF INJURY M MONTH DA	NCE OF  EATH BUT  OPERATION  Y YEAR	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	TION GIVI 201 IF YES IN CERTIFY	EN IN PART 1 (	IGS USED OF DEATH
	gove rise to im couse of stoti underlying couse  PART 2 OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UN OR CONTRIBUTING [] LIFETIMER NOTIFY MED	mediate ng the e lost  NIFICANT COI  STON  STON  CAUSE OF DEATH  SICAL EXAMINER	DUE TO, OI ICI NDITIONS CO 19b CONDI 21b TIME O HOUR A.	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	NCE OF  EATH BUT  DPERATION	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTO	OR CONDI	TION GIVI 201 IF YES IN CERTIFY	EN IN PART 1 (	IGS USED OF DEATH NO
MEDICAL CERTIFICATION	gove rise to im couse of stote underlying couse  PART 2 OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e lost  NIFICANT COI  STORM	DUE TO. OI	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	EATH BUT  DPERATION  Y YEAR  19	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	TION GIVI 206 IF YES IN CERTIF YES	EN IN PART 1 (	IGS USED OF DEATH
1	gove rise to im couse of story underlying couse of story underlying couse of the co	mediate mg the e lost  NIFICANT COI  NIFICANT COI  CAUSE OF DEATH NICAL EXAMINER;  RED  RED  (RED  (RED  ) (this hospital)	DUE TO, OI  TO CONDITIONS CO  196 CONDI  216 TIME O HOUR A. P. 21e PLACE (AT HOME STE	R AS A CONSEQUENT OF INJURY M. MONTH DA'S REEL FACTORY OFFICE FA	NCE OF  EATH BUT  OPERATION  Y YEAR  19  RM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTO YES  RED (ENTER NA	OR CONDI	TION GIVI	WERE FINDIN YING CAUSES S	IGS USED OF DEATH NO
1	gove rise to im couse of storius and ending couse of storius and ending couse part 2 of the storius and ending couse of the st	mediate mg the e lost  NIFICANT COI  NIFICANT COI  CAUSE OF DEATH NICAL EXAMINER;  RED  RED  (RED  (RED  ) (this hospital)	DUE TO, OI  TO CONDITIONS CO  196 CONDI  216 TIME O HOUR A. P. 21e PLACE (AT HOME STE	R AS A CONSEQUENT OF INJURY M. MONTH DA'S REEL FACTORY OFFICE FA	NCE OF  EATH BUT  OPERATION  Y YEAR  19  RM ETC)	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR  21f LOCATION STREET	200 AUTO YES  RED (ENTER NA  death occurred	OR CONDI	TION GIVI 206 IF YES INCERTIF YES IN 118 M 18 PA	WERE FINDIN YING CAUSES S	IGS USED OF DEATH NO
1	gove rise to im couse ol stoti underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d INJURY OCCUR AT WORK	mediate mg the e lost.  NIFICANT COI  NIFICA	DUE TO. OI  19b CONDI  21b TIME O HOUR A.  21e PLACE (AT HOME STE view the body  NINT)	R AS A CONSEQUENT OF INJURY M. MONTH DA'S REEL FACTORY OFFICE FA	NCE OF  EATH BUT  OPERATION  Y YEAR  19  RM ET()	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION STREET  19 and that in (my) (our) apinion DEGREE  ATTENDING	200 AUTO YES  RED (ENTER NA  death occurred	PSY? NO DITURE OF INJURY  BITY OR LOW!	TION GIVI 206 IF YES INCERTIF YES IN 118 M 18 PA	WERE FINDIN YING CAUSES S	IGS USED OF DEATH NO
WEDICAL WEDICAL	gove rise to im couse of storiunderlying couse of storiunderlying couse of the storius of the st	mediate mg the lost with the lost of Death lical Examiner)  TION  TION  TION  TION  TION  TION  TION  THE CAUSE OF DEATH lical Examiner)  THE CAUSE OF DEATH lical Examiner of	DUE TO. OI  19b CONDI  21b TIME O HOUR A.  21e PLACE (AT HOME STE view the body  NINT)	ONTRIBUTING TO DI  ITION FOR WHICH OF  OF INJURY M MONTH DA' M.  OF INJURY REEL FACTORY OFFICE FA  STEEL FACTORY OFFICE FA  OTHER DEED TO THE CONTRIBUTION  OT	NCE OF  EATH BUT  OPERATION  Y YEAR  19  RM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION STREET  217 LOCATION DEGREE  ATTENDING PHYSICIAN	200 AUTO YES  RED (ENTER NA  death occurred  MEDICAL  DIRECTOR  123d (OCA	OR CONDI	TION GIVI 206 IF YES INCERTIF YES IN 118 M 18 PA	WERE FINDIN YING CAUSES S	IGS USED OF DEATH NO

20715-3043

Bowie, MD

				1
		(197	9	
				olef:
Part Court Surger				in the state of
antiquest involves lies				
This, and levent excit		stroff	1	
	otesta	ežvel .		ACCESS.
PETON LONDY SERVED BOOKS				
and all and the states of the last			5 7 00 X	
		ocennal Cool		
	EMPE-CALL	BOWES, MI 2		

### LAST I DECEASED NAME TYPE OR PRINTS Cecilia Genevieve Dawson 4 RACE 5. DATE OF BIRTH 3 SEX May 16, 1908 Caucasian Female TO BIRTHPLACE IS ATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Riverdale Leland Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? Prince Geo. Maryland Hyattsville YESXX 14 FATHER'S NAME Broadwick Ethel Joseph 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-38-5929 No 18 CAUSE OF DEATH (Enter only one cause per line for ia , tb', and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Intractable respiratory failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INTURY 21f LOCATION AT HOME STREET FACTORY OFFICE FARM ETC ) WHILE NOT WHILE 22a 1 certify that (I) (this hospital) attended the deceased from\_ sow the deceased alive on 10abave, (I) (we) (did) (did nat) view the body after death DEGREE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

FRANCIS GASCH'S SONS FUNERAL HOME, P. A 350 DATE RECD BY REGISTRA

4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH October 7, 1987 7:15p M 6 AGE TIN YEARS LAST BIRTHDAY IF UNDER I VEAR BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY Housewife Own Home 13e STREET ADDRESS / ZIP CODE 6811 Calverton Drive 20782 IS MOTHER'S MAIDEN NAME MIDDLE Robertson ADDRESS Donald Dawson, Same as Line #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Bilateral extensive pneumonia Advanced large cell Non-Hodgkin's lymphoma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a Congestive heart failure, Arteriosclerotic heart disease, Previous cerebral infa-206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH TCT NOX 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART OR PART ond that in (my) (our) opinian death occurred on the date and hour and fram the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 10-8-87 Shrinivas Udapi, M.D. 6005 Landover Road, Cheverly, Md. 20785 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Oct. 10, 1987 St. Michael, s Cem. Frostburg, Allegany

DHMH = 16 60M 7/84 (VRA 15 4)

Burial

68719 OCT 15871

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR O TLATE

### STATE OF MARYLAND DEPARTMI

INI	OF	HEALTH	AND MENT	AL HYGIENE
CE	RTI	FICATE	OF DEAT	H

SUDIE  SU	13	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	0				
FEMALE  CAU.  May 30, 1901  86  VBS  WARRIED NEVER MARRIED NEVER MARRIED NORCED NEVER MARRIED NEVER MARRIED NEVER MARRIED NORCED NEVER MARRIED NORCED NEVER MARRIED NORCED NORCED NEVER MARRIED NORCED				Den	nent	20 DATE OF DEATH	10/1	3/87	6: 55 M		
FEMALE   CAU   May 30,1901   86   VRS   F6 BIRTHPLACE (TEATE OR PORT ON THE PART COUNTRY)   8 MARRIED   NEVER MARRIED   V. S. A.   VINC.   GENERAL COUNTRY   8 MARRIED   NEVER MARRIED   V. S. A.   VINC.   GENERAL COUNTRY   8 MARRIED   NEVER MARRIED   V. S. A.   VINC.   GENERAL COUNTRY   8 MARRIED   NEVER MARRIED   VINC.   VINC.   GENERAL COUNTRY   126   VINC.   V	3. 5	EX	4 RACE			6 AGE LIN YEARS LAST BIR		F OFR YEAR	IF INDER , HRS. HOURS MIN.		
## SERIPETACE TEAT ORDORED   10 CITIZEN OF WHAT COUNTRY   8 MARRIED   NEVER MARRIED   10 WINDOWED   10 WINDOW		FEMALE	CAU.	May	30,1901	86		DATE	MOUNG MIN.		
USUAL RESIDENCE (** NOUB SOCIETA COUNTY   CALL   CA				MARRIED	NEVER MARRIED		COUNTY C	OF DEATH	MD		
136 COUNTY   136 COUNTY   136 COUNTY   136 COUNTY   136 INSIDE CITY LIMITS   136 STREE ADDRESS / ZIP CODE   12114 Windbrok	1	INTOM	SOUTH EXEM	ARU AT	11			126 KIND O INDUSTRY DOMI	ESTIC		
THOMAS  JENKINS  JENK	130	MD. F	UNTY 136 CITY OR TOV	ON I	YES NO	12114 Wi	zip code ndbro	ok Dr	.20735		
18 CAUSE OF DEATH (Enter only one cause per life for 10), (b) and (c)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (d)   DUE TO, OR AS CONSEQUENCE OF	14. F	FIRST				C.		SMI	TH		
DUE TO, OR SA CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPS 72  210 IF YES, WERE IN CERTIFYING C YES OR CONTRIBUTING CAUSE OF GEATH (# EITHER NOTIFY MEDICAL EXAMINER)  210 INJURY OCCURRED  211 INJURY OCCURRED  212 PLACE OF INJURY (# EITHER NOTIFY MEDICAL EXAMINER)  213 INJURY OCCURRED  214 INJURY OCCURRED  215 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  216 INJURY OCCURRED  217 INJURY TOWN  218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  218 OND WHILE  AT WORK  219 OND WHILE  AT WORK  210 INJURY OCCURRED  211 INJURY OCCURRED  212 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  214 INJURY OCCURRED  215 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  215 OND WHILE  AT WORK  216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  217 OND WHILE  AT WORK  218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  218 OND WHILE  AT WORK  219 OND WHILE  AT WORK  210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  219 OND WHILE  AT WORK  210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  210 OND WHILE  AT WORK  210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  211 LOCATION  212 OND WHILE  AT WORK  215 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  217 OND WHILE  AT WORK		(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)			12205°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	hrift inton	, Md.	20735		
198 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  208 AUTOPSY2  208 IF YES, WERE IN CERTIFYING C  YES NOW YES NOTE IN CERTIFYING C  YES NOW YES NOW YES NOTE IN CERTIFYING C  YES NOW YES		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEOU	mic	cardion	regopath	ey				
OR CONTRIBUTING CAUSE OF GEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHITE ALL OF INJURY  (AT HOME STREET FACTORY OFFICE FARM ETC)  220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not view the body after death.)  226. SIENATURE  DEGREE  226. SIENATURE  DEGREE	CATION						20b IF YES,	WERE FINDIN	IGS USED		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE ALWORK ALWORK  220 I certify that (I) (this hospital) attended the deceased from Saw the deceased alive on obave, (I) (we) (did) (did not view the body after death.  226. SIGNATURE  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  19  211 LOCATION  STREET  19  10  10  10  10  10  10  10  10  10	ERTIFI	The ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		214 HOW IN HIPY OCCUPE		YES		NO [		
270   certify that (I) (this hospital) attended the deceased from \$1.50   19.50    sow the deceased alive an obave, (I) (we) (did) (did so view the body after death.)  270. SIGNATURE  DEGREE			DEATH HOUR A.M. MONTH D	DAY YEAR	THE FIGW HAJORT OCCURR	CED (ENTER NATINE OF INJU	KT IN HEM - 8 PAR	K: M PART 2			
saw the deceased alive an	MEDI	WHILE NO WHILE			211 LOCATION	LITY OF TO	WN	COUNTY	STATE		
226. SIGNATURE DEGREE 220		sow the deceased alive	sow the deceased alive on 10 /12 19 22 and that in (my) (per ) opinion death accurred on the date and hour and from the causes stated								
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		226. SIGNATURE	Valle on	M	D. ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	10	SIGNED 13/87		

236 NAME OF CEMETERY OR CREMATORY

St. Marys Cem.

DHMH = 16 60M 7/84

BP.

TO FUNERAL DIRECTOR After hould be detached for use as with the State Dept of Health is MPORTANT If Hem 21 is

24 FUNERAL DIRECTOR FUNERAL HOME, WALDORF, MD. 20601 (VRA 15, 4)

236 DATE

10-17-87

230 BURIAL, CREMATION, REMOVAL

BURIAL

ATORY 123d LOCATION

PISCATAWAY, P.G., Md.

20 DATE RECE BY REGISTRAR 256 REGISTRAR 5 SIGNATURE

UCT 16 1987 Aug. Date 1

302/ 4

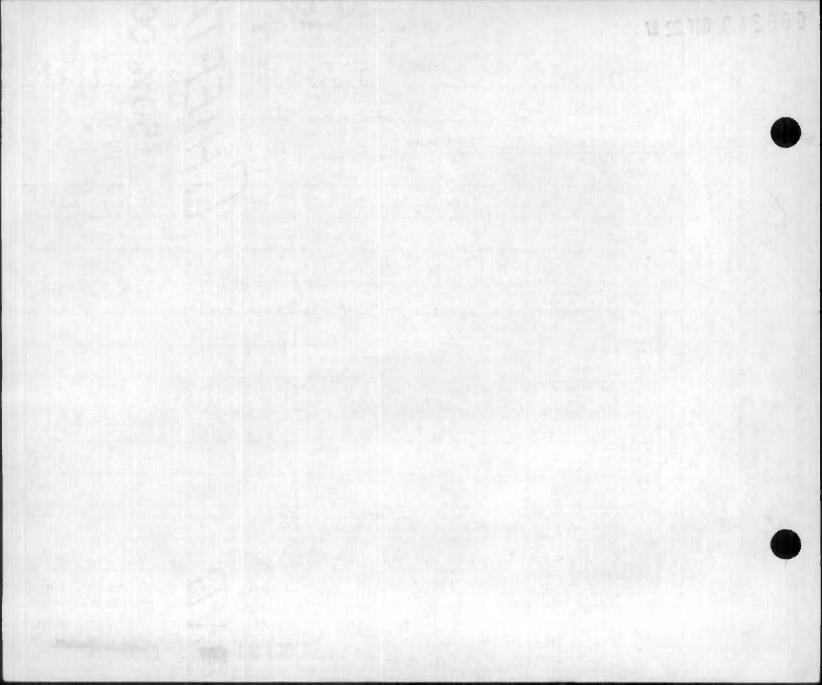
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

069349 OCT	22	FOR PATE REGISTRAR		DEPA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE /	J (	) 2 /	well
		CEASED NAME FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
o the see	(TYP	Ora	3	Mae	D	essi		10	18 87	2:50P
moy be poge 3 er deoth	3 SE	X	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 r		Female	Cauc.		10	12 15	72	YRS	MONTH DATS	HOURS MIN.
Pod Po	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
777	Vi	rginia	USA		WIDOWE		T .	George	9	MD
the dwill		inton	11. NAME OF Souther	HOSPITAL, NUI	RSING HOME C	nital Center	120 USUAL OCCUPA (TYPE OF WORK FOR MOST retire)	OF WORKING	126 KIND OI INDUSTRY	F BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ystron and completely filled in by opers. Poges and 2 should be file vol. nt, the medical exemple must be per	Ųsu	inton Southern Mary Siret agoress)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  1.TATE 1/13b COUNTY 1/13c CITY OR TOWN 1/13d INSIDE CITY LIMITS?				retired Food Service				
AND 24	Ma	ryland Pr. (	George Forest He		Height	SYES X NO	118 Seneca Dr. 20745			
erely 2 sh	14 F	ATHER'S NAME	MIDDLE	TPAI		15 MOTHER'S MAIDEN N	AME			
MARY mplete and 2		Walter	MIDDLE H.	Mich	ael	Mattie	MIDDLE		Buri	
RE, MAI		WAS DECEASED EVER IN U.S. A		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADD	RESS	fi	eld, Va.
TIMOI on on one		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	578-18	<b>-</b> 6797	Barbara Anne	e Hunt 7625	Glenv	7111e Ct.	Spring-
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS		r line for rol, rb	, ond ic	10 5 00			BETWEEN C	MATE INTERVAL DISET AND DEATH
ng p bon rem		IMMEDIA	TE CAUSE (a)	Cenc	enon	acop el	engo			
ath of the correction of the c		DUE TO, OR AS A CONSEQUENCE OF A								
PRES		Gonditions, if ony, which gove rise to immediate								
by the ose re		couse lot, stoffing the underlying couse fost  DUE TO, OR AS A CONSEQUENCE OF UNDERLY SUPPLY								
S, 20	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o								
ORD een s	TIOI	190 DATE OF OPERATION	10h CONIC	NITION FOR WIL	ICH OBERATIO	NI WAS DE DE ORANGO	20a AUTOPSY?	Tank IE VI	ES WEDE EINIDIN	CC USED
L REC	THE DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			N WAS PERFORMED	200 AUTOPSY?  20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NOW YES NO NO			OF DEATH?	
VITA  N Th  Nysicio  cote  onsit  Hygie	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCU				110
OF CLIAN Physical Phy		OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH	DAY YEAR					
ON OF		21d INJURY OCCURRED		OF INJURY	19	211 LOCATION				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OT PHYSICIAN The low equires that the death certificate this service obtending physician step is signed by the attending phaster this certificate has been signed by the attending phaster than the burnal-transit permit. Then please remove corbang to all the professional cremation, or removed or hem 78 shows any injury, or other traumotic every extended or hem 78 shows ony injury, or other traumotic every control of the professional prof		WHILE NOT WHILE AT WORK	(AT HOME ST	TREET FACTORY OFF	ICE FARM ETC I	STREET	(ITY OR T	OWN	COUNTY	STATE
ZDJ V O O O O O O O O O O O O O O O O O O O		22a 1 certify that (1) (this has	म्बद्धाः ottended tl	he deceased fro	om	27 1985		7	1987	hat  ) (see lost
Piro prito for of the		sow the deceased alive a above, (1) (we) (did) (did n	ot view the body	v ofter death	9.87. or	d that in (my) 🖛 opinion	death occurred on the	dote and ha	our and Irom the c	ouses stated
OR ATTO		226 SIGNATURE				DEGREE			22¢ DATES	GIGNED
the other of the District of t		M lalesham Attending Medical Staff Physician & director Physician   10-19-87								
SPIT LER LER		22d PHYSICIAN'S NAME (TYPE	OR PRÍNTA			22e ADDRESS				
O HOSPII erained b TO FUNE should be with the St			hani, M				anch Ave. T	emple	Hills,	Md.
	23a	BURIAL, CREMATION, REMOVA	10/21/			EMETERY OR CREMATORY ille Cemeter	y Stevensv:	i 110	YINUC	Md.
BP		UNERAL DIRECTOR					TE REC'D. BY REGISTRA		STRAR'S SIGNIATI	
DHMH = 16 60M 7/84 (VRA 15, 4)		P. Kalas 6160 0	xon Hil	1 Rd. AD 05	xon Hil:			الما الما الما الما الما الما الما الما		

24 FUNERAL DIRECTOR LATNEY'S Funeral Home

3831 Georgia Ave. NW; Washington, DC 2001

DHMH = 16 50M 4/83 (VRA 15, 4)



## STATE OF MARYLAND

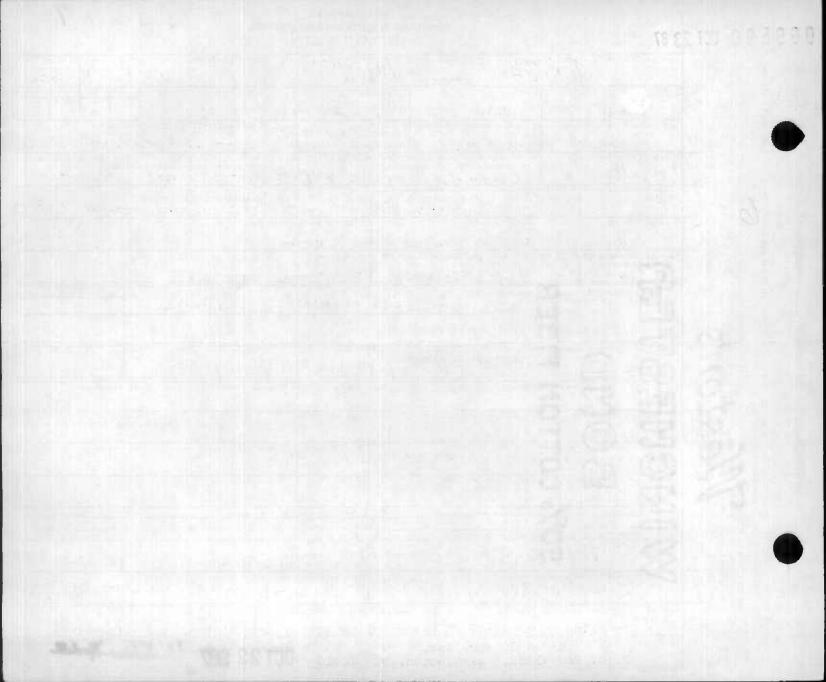
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

318	FOR PSTATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG NO	5 U	4//	
	CEASED NAME  OR PRINT)  TUK	Juanita 11/14	Wagner	Di	Di/xon	20 DATE OF DEATH	MONTH !	16 S 7 5.5	S SAN
3 SE	x Female	4 RACE Whi	te	5 DATE C		6 AGE (IN YEARS LAST BIR		IF INDER YEAR IF INDE	MIN.
	IRTHPLACE COUNTRY)		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O	_		
1	ITY OR TOWN OF DEATH	11. NAME OF	States HOSPITAL, NURSING	DDRESSI	OR OTHER INSTITUTION	Prince Geo	ON	176 KIND OF BUSIN	MESS OR
ISU,	AL RESIDENCE (IF MURSING HOM	COV.	N GIVE RESIDENCE BEFORE	7CY /	nursinghame	Research Assi	stant	Universi	ty
	W	OUNTY	Washington		YES X NO	13e STREET ADDRESS			200
, FA	ATHER'S NAME FIRST  John	MIDDLE E.	Wagne	r	15 MOTHER'S MAIDEN NAME	WE		Dunn	
	WAS DECEASED EVER IN U.S. YES NOOR UNKNOWN) (1F YES	ARMED FORCES?		RITY NO	John Dixon,	ADDRE	SS		
	Conditions, if any, which gave rise to immediate cause lab stating the underlying cause last	DUE TO, (	DR AS A CONSEQUE	NCE OF LE	provery				
CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES	S, WERE FINDINGS US YING CAUSES OF DEA S NO	ATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE				
MEDICAL	21d INJURY OCCURRED		OF INJURY TREET FACTORY OFFICE FA	ARM ETC	211 LOCATION STREET	TITY OR TO	wN	POUNTY	1 ATE
	270   certify that (I) (this h sow the deceased alive abave. (I) (we) (did) (di-	e on	19	. or	nd that in (my) (our) opinion o	ta deoth accurred on the de		19 that I ond from the causes s	
	276 SIGNATURE PA	mora	P		DEGREE ATTENDING PHYSICIAN D	MEDICAL STAI		10-16-87	
	R. G. B	HOJRA-	J , M. J		204 GOT	man Ave	7-11	courd, m	1)20
	BURIAL, CREMATION, REMO	VAL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	TATE
	Cremation UNERAL DIRECTOR R	10-17- ichard Ra 43352,			204	ry Alexand ERECD BY REGISTRAR 22 1087		Virginia RARS SIGNATURE	

DHMH 16 60M 7/84

(VRA 15, 4)

hetained by the haspital or



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN?

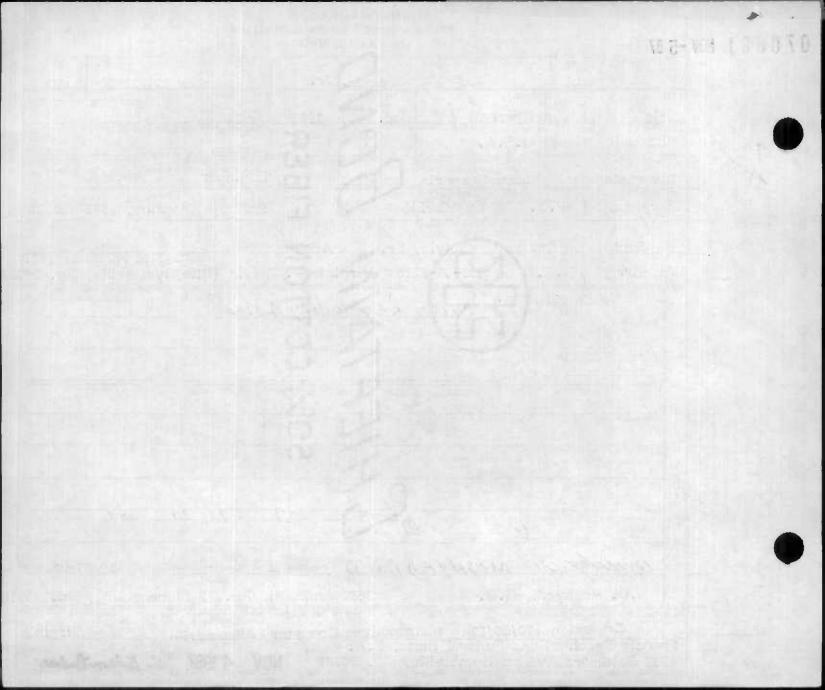
CERTIFICATE OF DEATH

	EASED NAME	FIRST		MIDDLE	I A	<t< th=""><th>20 DATE OF DEATH</th><th>MONTH</th><th>DAY YEAR</th><th>26 HOUR</th></t<>	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	OR PRINT)									
	_	aul		Revere	Dol	vin, Jr.	Octobe	er 27,	1987	3:30a ^
SEX	(	1	RACE	(, , , )	5 DATE OF		6 AGE LINYEARS LAST B	IRTHDAY	BI STER STAR	1 TER THE
Μ=	ale		Marrie	(W)	Dec.	7. 1912	74	YRS	- A	H H MN
	RIHPLACE LATE OF F	OREIGN 7		WHAT COUNTRY?	0		A DALTIMODE CITY		Y OF DEATH	<u></u>
Mi	ssouri		U.S.A	١.		X) NEVER MARRIED				
CIT	TY OR TOWN OF DEA	JH			WIDOWED	ROTHER INSTITUTION	Prince Ge			F BUSINESS OR
			(IF NOT IN SUC	CH FACILITY GIVE STREET	ADDRESS)		Engineer		NASA	, 5051 1653 011
	verdale			d Memoria	I Hosp	oital	Lingineer		INASA	
2 C .		136 P.C		Hyattsvil	le	130 INSIDE CITY LIMITS?	5902 3Tst	Avent	ie, #51	3 20782
FA	THER'S NAME		- P. C.			15 MOTHER S MAIDEN N				
	Paul	-	evere	Dolvin	Sr	Adeline	WILDIE		Cle	20
c W	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	A <b>5</b> 9	02 319	st Aven	ue, #51
YE	s-Army	W.W	WARTROATES	497-09-6	226	Virginia B.				
-				1						MATE INTERVAL DISET AND DEATH
	Conditions, if any, gave rise to imm	nediate	(b)	r as a conseque						
	gave rise ta imm cause a statini underlying cause	nediate g the last	DUE TO, O	r as a conseque	ENCE OF	NOT RELATED TO THE TER	MIN AL DISEASE OR COI	NDITION GIV	VEN N PART 1	3
ION	gove rise to imm cause a statin- underlying cause PART 2 OTHER SIGN	nediate g the last NIFICANT C	DUE TO, O	r as a conseque	ENCE OF					
GILICATION	gave rise ta imm cause a statini underlying cause	nediate g the last NIFICANT C	DUE TO, O	r as a conseque	ENCE OF	NOT RELATED TO THE TER I WAS PERFORMED	MINAL DISEASE OR COI	20b IF YE	S, WERE FINDIN FYING CAUSES ES	IGS USED
CEKIIIICALION	gove rise to immedue of stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	nediate g the last  NIFICANT C	DUE TO, O  ONDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH	DEATH BUT N		200 AUTOPSY?	20b IF YE	S, WERE FINDIN FYING CAUSES ES	GS USED OF DEATH?
	gove rise to imm couse a statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	nediate g the last  NIFICANT CO	DUE TO, O  DUE TO, O  Co  DUDITIONS CO  196 COND  216 TIME CO HOUR A.	R AS A CONSEQUE	DEATH BUT N	I WAS PERFORMED	200 AUTOPSY?	20b IF YE	S, WERE FINDIN FYING CAUSES ES	GS USED OF DEATH?
	gove rise to immediate a stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND  OR CONTRIBUTING C	DERLYING ALSE OF DEAL	DUE TO, O  DUE TO, O  CO  DIPPORTOR  216 TIME C  HOUR A  P  21e PLACE	R AS A CONSEQUE  THON FOR WHICH  OF INJURY  M. MONTH DA  M. OF INJURY	OPERATION  AY YEAR	214 HOW INJURY OCCU	200 AUTOPSY?  YES NO TO THE PROPERTY OF NO.	20b IF YE IN CERTII YE	S, WERE FINDIN FYING CAUSES ES	AGS USED OF DEATH? NO
	gove rise to immediate a stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	DERLYING ALEXAMINER	DUE TO, O  DUE TO, O  CO  DIPPORTOR  216 TIME C  HOUR A  P  21e PLACE	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  DE INJURY  M. MONTH DA	OPERATION  AY YEAR	I WAS PERFORMED	200 AUTOPSY?	20b IF YE IN CERTII YE	S, WERE FINDIN FYING CAUSES ES	GS USED OF DEATH?
	gove rise to immedue of stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING COURT THE LIMER NO. BY MEDIC 21d INJURY OCCURR AT WORK NO. BY MEDIC AT WORK NO. BY W	MIFICANT CO	DUE TO, O  DUE TO, O  DODITIONS CO  196 COND  216 TIME C HOUR A. HOUR A. 21e PLACE	R AS A CONSEQUE  ITION FOR WHICH  DF INJURY M. MONTH DA  M. OF INJURY REET FACTORY, OFFICE F	OPERATION  AY YEAR	214 HOW INJURY OCCU	200 AUTOPSY?  YES NO TO THE PROPERTY OF NO.	20b IF YE IN CERTII YE	S, WERE FINDING CAUSES ES D PAP REAL	AGS USED OF DEATH? NO
	gove rise to immediate a stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	DERLYING DEALS ALEXAMINER:  RED  (this haspitied alive an	DUE TO, O  CI  196 COND  196 COND  216 TIME C HOUR A. P  21e PLACE AT HOME STI	R AS A CONSEQUE  ITION FOR WHICH  DE INJURY  M. MONTH DA  M  OF INJURY  REET FACTORY OFFICE F	OPERATION  AY YEAR  19  ARM ENELLY	214 HOW INJURY OCCU	YES NO RRED (ENTER VALUE FOR	20b IF YELL IN CERTILI YELL YELL YELL YELL YELL YELL YELL Y	S, WERE FINDING CAUSES ES D PAP TERAL THE	4GS USED OF DEATH? NO ATT
MEDICAL	gove rise to immediate of stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING COLD OR	DERLYING DEALS ALEXAMINER:  RED  (this haspitied alive an	DUE TO, O  CI  196 COND  196 COND  216 TIME C HOUR A. P  21e PLACE AT HOME STI	R AS A CONSEQUE  ITION FOR WHICH  DE INJURY  M. MONTH DA  M  OF INJURY  REET FACTORY OFFICE F	OPERATION  AY YEAR  19  ARM ELL	214 HOW INJURY OCCU	YES NO RRED (ENTER VALUE FOR	20b IF YELL IN CERTILI YELL YELL YELL YELL YELL YELL YELL Y	S, WERE FINDING CAUSES ES D PAP TERAL THE	IGS USED OF DEATH? NO []  that   1 (we) last causes stated
MEDICAL	gove rise to immediate of statinum derlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTION 21d INJURY OCCURR 21d INJURY OCCURR 22d I certify that (1) sow the decease obove, (1) (we)	DERLYING DEALS ALEXAMINER:  RED  (this haspitied alive an	DUE TO, O  CI  ONDITIONS CO  196 COND  216 TIME C HOUR A. P 21e PLACE AT HOME STI	R AS A CONSEQUE  THON FOR WHICH  THON FOR WHICH  THOM FOR WHIC	OPERATION  AY YEAR  19  ARM ELL	211 LOCATION PREET  19 8  4 that in (my) (our) apinio	200 AUTOPSY?  YES NO REPORTED TO THE PROPERTY OF THE PROPERTY	20b IF YE IN CERTII YE IN CERTII YE WN	S, WERE FINDING CAUSES ES DAPA DE RANGE 19 ST. Ut and from the	HGS USED OF DEATH? NO []  that    (we) lost causes stated
MEDICAL	gove rise to immediate a stating underlying cause.  PART 2 OTHER SIGN  19a DATE OF OPERAT.  21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING COURT OF THE CONTRIBUTION CONTRI	DERLYING DEALS ALSE OF DEAL ALEXAMINER:  ALE	DUE TO, O  CI  196 COND  196 COND  216 TIME C HOUR A. P 21e PLACE AT HOME STI	R AS A CONSEQUE  ITION FOR WHICH  DE INJURY  M. MONTH DA  M  OF INJURY  REET FACTORY OFFICE F	OPERATION  AY YEAR  19  ARM ELL	211 LOCATION 186ET  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RRED (ENTER VALUE OF N.)  114 R1  10 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	20b IF YE IN CERTII YE IN CERTII YE WN	S, WERE FINDING CAUSES ES DAPA DE RANGE 19 ST. Ut and from the	IGS USED OF DEATH? NO []  that   1 (we) last causes stated
MEDICAL	gove rise to immacause a stating underlying cause.  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING CUFF WEEDER  21d INJURY OCCURR  22a I certify that (I) sow the decease obove, I I we I decease obove, I I we I decease of the III sow the decease of the III was also sow the III was also sow the decease of the III was also sow the III	DERLYING ALL EXAMINER:  ALL EXAMINER	DUE TO, O  CI  IPP COND  196 COND  196 COND  216 TIME C HOUR A. P 21e PLACE AT HOME STI	R AS A CONSEQUE  THON FOR WHICH  THON FOR WHICH  THOM FOR WHIC	OPERATION  AY YEAR  19  ARM EN I	216 HOW INJURY OCCU  211 LOCATION  18661  4 that in (my) (our) apinio  EGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO RED IENTER NAT BE OF NO  DIV RI  MEDICAL ST.  MEDICAL ST.  MEDICAL ST.	20b IF YE. IN CERTIII YE. WN. WN.  AFF	S, WERE FINDING CAUSES ES PART OF FRANCE  19 S PART OF FRANCE  19 S PART OF FRANCE  10 TO THE FRANCE	IGS USED OF DEATH? NO  that I (we) last causes stated SIGNED
MEDICAL	gove rise to immediate of stating underlying cause of stating underlying cause 19th DATE OF OPERAT 19th DATE OF OPERAT 19th DATE OF CONTRIBUTING COURT OF STATE OF ST	DERLYING ALEXAMINERI  ALEXAMINERI  (this haspitical did (did not)	DUE TO, O  CI  IPP COND  196 COND  196 COND  216 TIME C HOUR A. P 21e PLACE AT HOME STI	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M. OF INJURY REET FACTORY OFFICE F  and deceased from	OPERATION  AY YEAR  19  ARM ENELL  D  D	211 LOCATION 178EE1  211 LOCATION 178EE1  4 that in (my lour) apinio EGREE 212 ATTENDING PHYSICIAN 22e ADDRESS  5632 Annapo	200 AUTOPSY?  YES NO	20b IF YE. IN CERTIII YE. WN. WN.  AFF	S, WERE FINDING CAUSES ES PART OF FRANCE  19 S PART OF FRANCE  19 S PART OF FRANCE  10 TO THE FRANCE	IGS USED OF DEATH? NO  that I (we) last causes stated SIGNED
Bo Bi	gove rise to immediate of stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND  OR CONTRIBUTING COLOR  OF CONTRIBUTING COLOR  AT WORK  22d I Certify that ID  Sow the decease obove, ID (we color  22b SIGNATURE  22d PHYSICIAN'S MA  A.O. MC	NIFICANT CO	DUE TO, O DUE TO	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M. OF INJURY REET FACTORY OFFICE F  oliter death.  OSHY	OPERATION  AY YEAR  19  ARM ENELL  D  D	216 HOW INJURY OCCU  211 LOCATION  18661  4 that in (my) (our) apinio  EGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO	20b IF YE. IN CERTIII YE. WN. WN.  AFF	S, WERE FINDING CAUSES ES PART OF FRANCE  19 S PART OF FRANCE  19 S PART OF FRANCE  10 TO THE FRANCE	IGS USED OF DEATH? NO  that I (we) last causes stated SIGNED
WEDICAL MEDICAL	gove rise to immediate of stating underlying cause of stating underlying cause 19th DATE OF OPERAT 19th DATE OF OPERAT 19th DATE OF CONTRIBUTING COURT OF STATE OF ST	DERLYING ALEXAMINERI  ALEXAMINERI  WHEN CHAPTER OF DEAL  ALEXAMINERI  WHEN CHAPTER OF DEAL  ALEXAMINERI  WHEN CHAPTER OF DEAL  WHEN CHAPTER  WHEN CHAPTER OF DEAL  WHEN CHAPTER	DUE TO, O  DUE TO, O  DODITIONS CO  196 COND  216 TIME C HOUR A. HOUR	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M. OF INJURY REET FACTORY OFFICE F  oliter death.  23c N  Me  787 Me	OPERATION  AY YEAR  19  ARM ENCION  NAME OF CE	211 LOCATION   See   19	200 AUTOPSY?  YES NO REPORTED TO THE PORT OF NO PROPERTY OF THE PORT OF NO PROPERTY OF NO PROPERTY OF NO PROPERTY OF NO PROPERTY OF TOWN CITY OF TOWN	20b IF YE. IN CERTIII YE. IN ITEM IR I	S, WERE FINDING CAUSES ES   PAPER DE PARE 19   S   PAPER DE PARE 10   221 DATE 10   10   221 DATE	IGS USED OF DEATH? NO  that I (we) last causes stated SIGNED

DHMH 16 60M 7/8 (VRA 15, 4)

BP.

MPORTANT If Hem 21 is morked or Hem 18 shows pay injury ar ather traumi



FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST	11	MIDDLE		AST	20 DATE OF DE		DAY YEAR	26 HOUR
	Ke	NNG.	th	F	DONAL	dson SR		10	19 87	11:06M
3. SE	X	4	RACE		5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER , 4 HRS
M	1ale		Caucasi	.an		uary 11,1935	52	YRS		MIN MIN
	IRTHPLACE   ATE OR FO	DREIGN 7	L CITIZEN OF	WHAT COU	VTRY? 8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
Wa	ashington,		U.S.A		WIDOWE	DIVORCED	PRINC	e Geor	RGES (	GUNTYMO
10 C	ITY OR TOWN OF DEAT				IURSING HOME ( ESTREET ADDRESS).	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
C	LINTON		South	PRN 1	MARYLA	NO MOSPITAL	Meat C	utter-Re	et. Meat	
13a	AL RESIDENCE (IF NURSIN STATE Aryland	13b COUNT	Y	13c. CITY OF		138 INSIDE CITY LIMITS?	3408 -	DRESS / ZIP CO 28th Pl	DDE 20 kwy.	748
14 F	ATHER'S NAME	M	IDDLE	LA	S.T.	15 MOTHER'S MAIDEN NA		AIDDLE		ASI
	Earl		R.	Dona	ldson	Frieda	J		Erb	
16a \	WAS DECEASED EVER II		ED FORCES? WAR OR DATES)		18-6408	Richard Dona	ldson L	ot 162 I	Lyons Cr	eek
	18 CAUSE OF DEATH PART I DEATH WA	AS CAUSED	BY	line for (o),	(b), ond ic	woulers	an a	ned	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
8		IMMEDIAIE	CAUSE (a)		CEONE VOE OF	2	-	-		
	Conditions, if ony,	which	DUE TO, O	R AS A CON	SEQUENCE OF	ead & wed	( Cam	In		
	gove rise to imme	ediote	DUETOO	DAS A CON	SEQUENCE OF	- 70 -				
	underlying cause		( 10)	K AS A CON	SECOLIACE OF	udultion				
	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	Ontributin	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE O	R CONDITION	GIVEN IN PART 1	0
ON										
CERTIFICATION	19a DATE OF OPERATI	ION	196 COND	ITION FOR V	VHICH OPERATIO	n was performed	200 AUTOPS	Y? 206 IF IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED ES OF DEATH? NO [
CER	210 ACCIDENT WAS UNDE		216 TIME C		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN ITEM	IS PAR' DR PART.	
CAL	OR CONTRIBUTING C		n	M.	19					
MEDICAL	21d INJURY OCCURR	ED	21e PLACE		OFFICE FARM ETC.)	21f LOCATION		ITY OR TOWN	OUNTY	FIATE
2	AT WORK AT WORK	i E		TELL METONIC	STILL THAN EIGT	21 -		210	~ )	
	22a I certify that (1)				from	19/3	to_		190	that (1) (we) lost
	sow the deceased above, (V (we) (di	d olive on 1	view the body	after death.	_19 . or	nd that in (my) (our) opinion	death occurred o	in the date and h	hour and fram the	e causes stated
	226 SIGNATURE	2014	and	ah		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	220 DAT	SIGNED
	22d PHYSICIAN'S NA	D	H	AIDA	K	22e ADDRESS	enton	hil		
	BURIAL, CREMATION, R	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATIO			
	Burial		10/22/	87	Ft. Linc	coln Cemetery	Bren		P.G. Man	ryland
24 F	UNERAL DIRECTOR			61			TE REC'D. BY REG			
G	George P. Ka	alas 1	Suneral	Home	Oxon F	Hill. Md. nor	01	1. 0. K	in the Man	della

DHMH 16 60M 7/84 (VRA 15, 4)

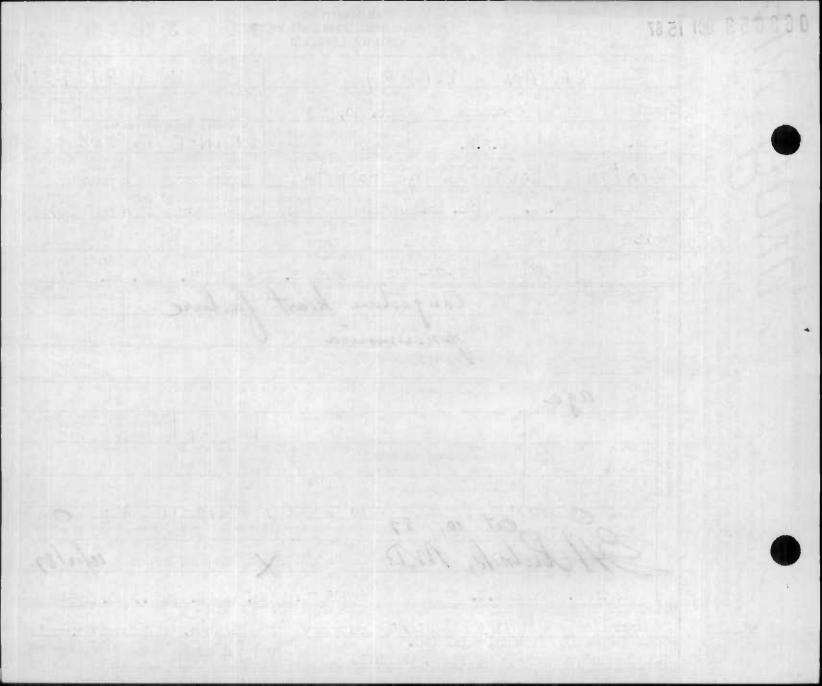
BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other tray

06	8	6	5	3	OCT	5	ZOR STATE REGIST
		2	į	25			CEASED
		Page 4 may		star page		Fe.	x male
	)	herth Po		within 72 hou	48		ass.
10:	1	within 24 laws ofter them.	1000	De lind with	86	C	CIN
ND 212		24 800	PHI COLUMN	sald be	35	Ма	AL RESID
MARYLA			Mary N	and 2 ph	160		alte
IMORE,		be executed		wert Poper I	1	180.5	NAS DEC
ORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		death certificate t		docus.	of removal.		II CAL
W. PRESTO		af the death	The state of	ty the otherstones	sher fraum		Condition of the country of the coun
DS, 201		drives th		her plea	10 to	N.	PART 2
Ö				1	0 5	ATION	160 7503

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICA	IE OF DEATH	REG NO	0		
		CEASED NAME FIRST	MIDDLE	ŁAST		20 DATE OF DEATH		YEAR	26 HOUR
1	1100	CHARACTE VIVI	AN DR	URV		1	110	87	7:37 8
9	9, 5E	(	4 RACE	5 DATE OF BIR		6 AGE TIN YEARS LAST BIR	THDAY) IF UND	SER VEAR	IF NUFR 4 HR
15	Fe	male	Caucasian	Oct. 30	), DAY 1891 YEAR	96	YRS.	DAIS	MIN MIN
1 1887	ře B	RITHPLACE (STATE OF FOR GO	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY O		EATH	
DO	M	ass.	U.S.A.	WIDOWED	DIVORCED	5RINCE	GE	ORG	ES MD
101/	III.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		HER INSTITUTION	12a USUAL OCCUPATI		KIND OF	BUSINESS OR
	0	LINTON .	20 Mineral In	19 HOS	PITAL	Homemaker		Home	
135	13a1	ryland P.	other institution give residence befor 131 CITY OR TOW Ft. Wash	ingtonyes	NO XX	13e STREET ADDRESS / 12021 Liv	zip code ingston	Rd	20744
160	f	alter Sa	muel Vile		Caro	AE MIDDLE		We	eston
3 ,	160 V	A DECEASED EVER IN U.S. AR		JRITY NO 17 II	NFORMANT	ADDRE	55 706 K		
1		NO CE THE POST OF THE PERSON NAMED IN COLUMN N	A 263-76-7	852	George E. Lo	owe Ft.	Wash. M		
TT T		PART L DEATH WAS CAUSE	E CAUSE 10)	estrue	heart	Sailure	,	BETWEEN OF	NATE INTERVAL NSET AND DEATH
please remove principal pr			DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  CONDITIONS CONTRIBUTING TO	ence of		NAL DISEASE OR CONI	DITION GIVEN IN	PART 1 u	
127	NO	uge							
12	THECA	THE DATE OF OPERAMON	196 CONDITION FOR WHICH	OPERATION WA	S PERFORMED	YES NOT	106 IF YES, WEI IN CERTIFYING YES	CAUSES (	GS USED OF DEATH? NO []
119	CAL CERT	SIR VCCOSM MYTHRMITHS [ SAIR SEDEN	HOUR A.M. MONTH D		HOW INJURY OCCURRE	ED (INTERNATURE OF INJUI	RY IN ITEM 18 PART	RPART ."	
N P	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	FARM ETC )	LOCATION STREET	CITY OR TO	wn (	OUNTY	TATE
Family C A Mark		now the decement alive on		\$ 7 , and tha	t in (my) (our) opinion d	eath occurred on the do	19 19 and hour and		ha we last
Tr. If here		22h Signer (1)	back, M	D. DEGR	ATTENDING	MEDICAL STAI	F	10/	2/87
57 /	1	77E PHYSICIAN'S NAME THE O	NI)	22e	ADDRESS			1	
1 8 /		Irwin H. Ruk	back M.D.	10	905 Ft. Was	sh. Rd Ft. V	Wash., M	d. 20	744
1.5.1	73a.1	RURIAL CREMATION, REMOVAL		NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	COU		TATE
		Cremation	10/12/87 L	ee's Cre		Clinton,	Md Princ	ce Ge	orge's
60M 7/84	24 FI	uneral director Lee 1	uneral Home Inc			REC'D. BY REGISTRAR	256 REGISTRARS	SIGNATU	RP dage
15, 46633	01	d Alexander Fer	ry Rd Clinton,	Md 20735	00	1 1 1 1 190/	W		



201 W. PRESTON ST.

DIVISION OF VITAL RECORDS.

FOR

9 87 TATE

3 SEX

CERTIFICATION

MEDICAL

00

PORTANT

1 DECEASED NAME TYPE OF PRINTS

Ma 70 BIRTHPLACE

Camp Springs

FIRST

LYES NO OR UNKNOWN

D.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

DRY

REG.	NO			
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	OCT	09	1987	2:25P
AGE LIN YEARS LAST	BIRTHDAY)	1F = 1	N/# R YEAR	F NIER IHRS
		1.000	THE RESERVE OF THE PERSON NAMED IN	The second secon

	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF IN/# R YE.
2		MONTH DAY YEAR		MCNIN, IA
Le	Caucasian	Sept. 4,1918	69 YRS	
I TATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH

Virginia

LITTLETON

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Malcolm Grow A.F

Med

Prince George's 120 USUAL OCCUPATION 126 KIND OF BUSINESS INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

Allen

50 Fleetwood Dr

Petty Officer-US

COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? No. Carolina Cabarrus Concord 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

> LAST Drv 166 SOCIAL SECURITY NO.

Mary 17 INFORMANT Tafille Drv

NOX

FIRST

same address as #13

244 09 2139 18 CAUSE OF DEATH. Enter only one couse per line for to , (b) and c PART I DEATH WAS CAUSED BY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

V.

(IF YES GIVE WAR OR DATES)

JAMES

IMMEDIATE CAUSE (0) CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF

DISSEMINATED INTRAVASCULAR COAGULATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

PERFORATED GASTRIC ULCER

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

21a	ACCIDENT WAS UNDERLYING	
OB	CONTRIBUTION TO CAUSE OF	NE A TIL

(IF EITHER NOTIFY MEDICAL EXAMINER)

Conditions, if ony, which gove rise to immediate couse of stoting the

underlying couse lost

19n DATE OF OPERATION

21d INJURY OCCURRED

21b TIME OF INJURY HOUR A.M MONTH DAY YEAR P.M

AT HOME STREET FACTORY OFFICE FARM ETC I

II LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 15M 18 PART TOR PART)

70n AUTOPSY?

AT WORK AT WORK 22a | certify that (1) (this harpest attended the deceased from 0.8 - 0.6 Tsow the deceased alive on 09

21e PLACE OF INJURY

NOT

\_, and that in (my) and opinion death accurred on the date and hour and from the causes stated

NO I

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

28025

Lefler

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

above 111 (did 1) 226 SIGNATURE

DEGREE ATTENDING

PHYSICIAN DIRECTOR PHYSICIANX

220 DATE SIGNED

220 AURICOLM GROW USAF MED CTR (MACT) -ANDREWS AFB, WASHINGTON, D.C. 2033I

STREET

14.1987

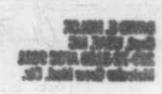
West Concord Cemetery (1234 LOCATION CONCORD), NC. BIANE

d b

24 FUNERAL DIRECTOR

Ives-Pearson F. H. Arlington, Va.22201 DCT

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 069062 OCT MEDICAL EXAMINER'S CERTIFICATE OF DEATH O DATE KNOWN TYPE OR PRINTS OF S NECESSARY PLEASE E FUNERAL DIRECTOR E S FOR YOUR FILES. ED, WITHIN 72 HOURS DEATH MATED BROUN Mary Duff IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 20 DATE 11:39 A M PRONOUNCED NOV. 1, FEMALE WHITTE 1922 64 1987 TO BIRTHPLACE TATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA U.S.A. DIVORCED X WIDOWED Prince George's County 3 TO THE FLAIN PAGE S ID CITY OR TOWN OF DEATH 20 USUAL OCCUPATION TYPE OF WORK 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS. RET - SECRETARY FED. GOVT. Lannam Thomas Seabrook Park USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. P.G.C LANHAM WORRELL AVE. 15 MOTHER'S MAIDEN NAME MIDDLE FIRST BALTIMORE CONWAY GLADYS CARTER MARY JETT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO 2. BOX 137 LIF YES GIVE WAR OR DATES) 229-18-4223 NANCY C. SCHOOLS CENTER CROSS, VA. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE IN ERVAL ALONG W PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head NO TENDING" IN PENCIL IN IT HIEF MEDICAL EXAMINER ALO USED ASS BERRIAL TRANSIT PR OF HEAITH AND MENIAL HYGIN RIAL, CREMATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRECE A SHOULD BE FORWARDED TO THE CHIEF N TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED TO THE STATE DEFARTMENT OF HE BALTISMORE, MARYLAND, 21201 PRIOR TO BURIAL, I 20 AUTOPSY? HEAD ONLY 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21t HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART OR PART 25 HOUR A.M. MONTH DAY YEAR UNDERLYING CAUSE OF DEATH PAPM 10-11,087 Self inflicted TIE PLACE OF INJURY TATHOME 216 INJURY OCCURRED 211 LOCATION park (in auto) Thomas Seabrook Park, Lanham, Prince George's WHILE AT WORK County, MD 220 I certify that I took class the remains described above held an Autopsy Suicide X Undetermined manner death resulted fram Hamicide \_\_\_\_ TITLE (SPECIFY ACTUAL Assistant 10-13-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 236 NAME OF CEMETERY OR CREMATOR) CREMATION 10-14-1987 CHAMBERS CREMATORY RIVERDALE P.G.C. Md. 25M 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 RIVERDALE, Md. 20737 9 1987 (VR A15 ME (5)) W. W. CHAMBERS CO. tio Binder Rudge

ALLE HER HELL S, 1921 A.

Leves live account desert in the live and a country of the

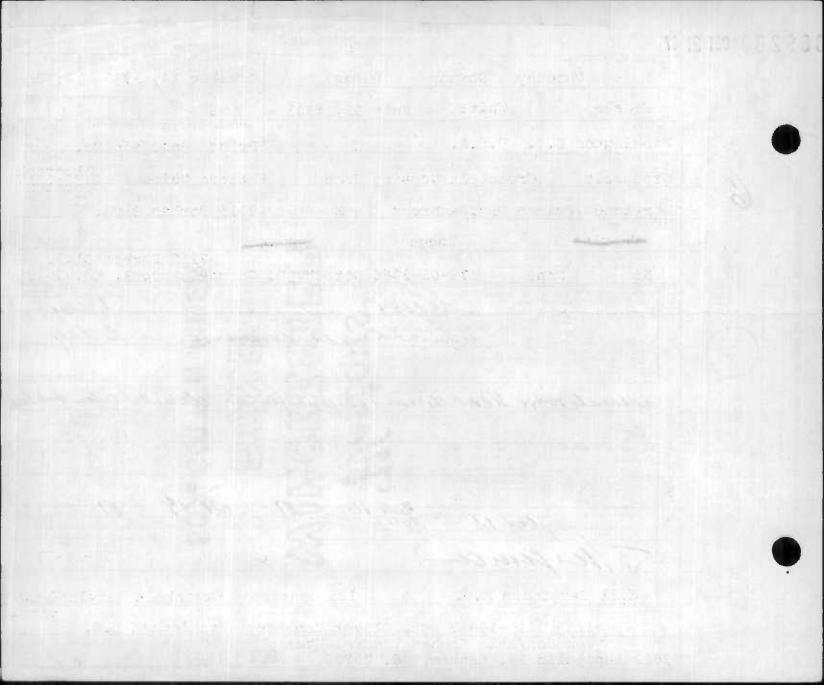
THE LCG .3 .28 BEEFER S WHOM SEALED COURT OF THE GENERAL WAR.

THE LEEK STRUCKS - VISE

TETOR DE TETOR DE TETORENTE DE LES TOTES DE LES

CHEST TO DESCRIPTION CHESTER STREET, 2.0.C. M.

	.1 0	7 - STATE REGISTRAR DECEASED NAME FIRST	MIDDIE	CERTIFICATE OF DEATH	REG NO	DAT YEAR 26 HOUR
e €		YPE OR RRINT) Doro		_		20110011
oy b	2	SEX	thy Downey	Dumas 5 DATE OF BIRTH		.987 1:152
rector p		Female	White	Jun 23, 1901	86 YRS	NIN H JAY MUSRS MA
orth Po		BIRTHPLACE PATE OR FOREIGN Washington D.	76 CITIZEN OF WHAT COUNTRY  C. U.S.A.	MARRIED NEVER MARRIED WIDOWED NORCED	Prince George	
ifter de fun vithir led of	7 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYRE OF WORK FOR MOST OF WORKING LIFE	
F 1.5		Greenbelt	Greenbelt Nu	rsing Home	Western Union	Operato
full on the contract of the co	13	a STATE 136 COU	INTY 136 CITY OR TO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7115 Forbes E	200
ately 2 sh	14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	(451
and and and		Charles Ma	Bogg	s Unkn		Hartell
d co	16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEG	URITY NO 17 INFORMANT	7°1°15° For	bes Blvd.
Pog P		NO NO (IF YES G	ne   578-05	-3066 Dorothy D.		
ures that the death certific gae n pli		Conditions, if ony, which gave rise to immediate couse o stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	-	. 7	6 day
e low required by the permit. The prior to we only into	MOITAGE	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
CIAN The physicio physicio physicio crificote lol-tronsit to l'Hygie em 18 sho		OR CONTRIBUTION CONTRIBUTION OF DE	CAIN	DAY YEAR	RRED (ENTER NAT RE OF INJURY IN ITEM IS P	
G PHYS! offending offen this ce the bur ond Mer	ACCIONA	21d INJURY OCCURRED  WHILE NOWHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	ITY OR TOWN	OUNTY
ENDIN tol or of OR Aft Use os Health			pital attended the deceased from	1981 and that in (my) injury appropri	to Oct 13	19 that (1) (we)
OR ATTI		175 SIGNATURE	llu Ol	DEGREE	MEDICAL STAFF CIRECTOR   PHYSICIAN	10-14-87
Al Al Al deto	1.0	THE PHYSICIAN'S NAME AND		22e ADDRESS		
HOSPITAL pined by th FUNERAL sold be dete h the Store		Till Berge	emann M.D.	Centa	rway Greenhelt	Maryland
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store IMPORTANT	73	Till Berge		NAME OF CEMETERY OR CREMATORY	rway Greenbelt	Maryland 2017



							MARYLAND	-				
87,23 OCT/	58	TATE EGISTRAP			DEPARTMENT OF DICAL EXAMIN			2 5	l REG	) .	8	
3000		CEASED NAME	Ran do	, ,	NOUIS	5/	Dunn	20	DATE KNOWN OF ESTI- EATH MATED	MONTH	LAV YEAR	Zb HOUR
DIRECTO DUR FIE 72 HOUS NO STREET	1	Tale W		ATE OF BIRTH	AGE (IN YE LAST BIRTHO			DER 24 HRS 20 MIN PRO	DATE NOUNCED DEAD	MONTH 10 - 4	DAY YEAR	828
METERSA UNFRAL S FOR YO WITHIN V PRESTO	V	RTHILACE STATE OR		U.S.A.	HAT COUNTRY?	WIDO		RRIED P		eorge'	s County	ML
SLAY IS TO THE P BH FILLD OS. 201V	La	TY OR TOWN OF DE		Doctor's	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) S Hospital		HER INSTITUTION	Lieute	OCCUPATION (1 OF WORKING LIFE)	TYPE OF WORK	OR INDUSTR Metro.	Polic
163	13a S	aryland	13b COUNTY P.G.	ER INSTITUTION, GI	Riverdale	ION)	13d INSIDE CITY LIMITS		67th Cou	urt 2	20737	ept.
O SECTION OF		Francis	Lo	ouis	Dunn		Adelai		MIDDLE		daway	
AFTER NE PA H FOR NGES I	N	WAS DECEASED EVER ES NO OR UNKNOWN)	(IF YES, GIVE WAR O		216-46-77		Ethel W.	Dunn			7th Cour ale, Md.	
RECORDS, 201  O BE DECUTED  PAGE NO PAGE  AS A BURNAL  ACTA AND PAGE  CREMATION U	TION		NI CONDITIONS CONTRI	(c)	AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	AINAL OISEA		FPART 1 a				
988	TIFICA	9a DATE OF OPER			TION FOR WHICH OPER	RATION V	VAS PERFORMED?				20 AUTOPSY?	NO I
ARTIMEN OF TO	CAL CER	210 EXTERNAL CALL	OR CAUSE OF DEAT	H P.M	. MONTH DAY YEA	R	IOW INJURY OCCUR	RED LENTER HATUI	RE OF INJURY IN ITEM	18 PART I OR PAI	PT 2)	
WRITIN VARDED AGE 3 5 ATE DEP	MEDICAL	216 INJURY OCCUR WHILE NOT AT WORK AT V			OF INJURY (AT HOME TORY FARM ETC.)		OCATION STREET	CII	Y OR TOWN	COI	UNTY	STATE
HEDICAL EXAMINER: THE CERTIFICATE ET SHOULD BE FORM UNERTONE PE DEATH WITH THE ST MORE MARYLAND 2		death resulted from	Notural ca	uses J	mugue	Autopicide A	Homicide TITLE (SPECIFY) Deputy	Undetermi	examiner Examiner	DATE	10-/6	187
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B	URIAL, CREMATION, BPECIFY) Burial	REMOVAL 236 DA		23¢ NAME OF CE Fort Lin	METERY (		23d LOCAT			Maryla	
DHMH 17 (VR A15 ME (5))	24 F	rancis Ga	sch's So	ns Fun	eral Home, attsville, M	P.A	250. DA	1 4 198	SISTRA 756 P	UN PARS	Bridge	i

DOT 14 1987 of Chief Product

in by the funeral director page 3 ie filed within 72 holy ofter death

ers. Pages f and 2

TO FUNERAL DIRECTOR, After this certificate has been signed by the attendishould be detached for use as the burial-transit permit. Then please remove car with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or

TO HOSPITAL OR ATTENDI

BP.

DHMH 16 60M 7 B4

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.7	REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO		1
1 DEC	CASED NAME WILL	_IAM	H.	EAS	STERLING	20 DATE OF DEAT		1 87	26 HOUR 2 45PM
3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF INDER I YEAR	IF UNDER . LHR
	Male	Caucas	ian		. 21, 1922	65	YRS		
	OUNTRY)	ON THE CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT		Y
	orth Carolin		States	WIDOWE					MD
	HEVERLY	(IF NOT IN SUC	H FACILITY, GIVE STREET	(DDRESS)	TAL CENTER	Superviso	OST OF WORKING I	FEI INDUSTRY	1 Food
130 51	tate 136 ryland P1	county rince Geo.	Bowie		13d INSIDE CITY LIMITS?	13 SIREEL ADDRE	ss / zip cop rquett	E Lane/	20715
	THER'S NAME Dick	M.	Easterl	ing	is mother's maiden na Sädie	WE	E	Stubb	S
	AS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	AD	DRESS		
	Yes	WW II	237-03-9	783	Ruth W. Eas	terling, S	same as		
	18 CAUSE OF DEATH E	nter anly ane cause per	line for al, 1b , and	dic 4				BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	PART I. DEATH WAS (	MEDIATE CAUSE (a)	theuma	ma				/	WK.
		ofe the DUE TO, Of	PAST OPERAS CONSEQUE	NCE OF	of the Lune		ONDITION GI		»K-J
NO NO		Chronic of	structive	Pu	LMONARY DI	sease			
CERTIFICATION	190 DATE OF OPERATION 9/25/87	1 196 CONDI		PERATIO	LLN &	YES NO	IN CERTI	S, WERE FINDI FYING CAUSE: ES []	
	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE.	E OF DEATH HOUR A.	M MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED LENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART /I	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY BEET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	€ dv €	DR 10WN	OUNTY	1A1E
	22a 1 certify that (1) (this		degeased from_	9/	25 19 8	7.10 1	1/11	1987	that I I we last
	saw the decorred a	did not hey the body	olter death	7.00	nd that in (my) (our) opinion	death occurred on th	e date and ho	ui and from the	e couses stated
	22b SIGNATURE	3 9 harr	200		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []		. 12,198
	POBCET B.	1./1	1.2.		50 W. Epmons	n.	POCKU	lle, Ma	120852
23a B	URIAL CREMATION, REM	VI VIV	23 <sub>6</sub> N		EMETERY OR CREMATORY Clitan Cremat	23d LOCATION	1	7	Virginia
24 FU		eall Funera	l Home	land a		T 1 6 1987		TRARS SIGNA	

BEST ABOUT IN THE STREET

the selection of the sale

AND CONTRACTOR OF A CONTRACTOR OF THE CONTRACTOR

. El . De conti peri l'accessi il conti Mile II- II- III

and the first all the contract of the contract

THE REAL PROPERTY.

20187 STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		OR PRINT)	FIRST	/	MIDDLE	t	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	EITE	OK PKINI)	Mary			EC	CLESTON	October 11, 198	7	2:40 P M
	3 SE	X		4 RACE	-	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER THEAR	IF NUTR AHRS
	Fe	emale		Caucasi	ian	03-0	9-1912 YEAR	75 YRS	- JNJ - I	HI JA I MIN
0 /		RTHPLACE PATEORI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNT	Y OF DEATH	
af our		inois		U.S.A.		WIDOWE	D NEVER MARRIED	Prince George's MD		
notified	L	anham		Doctor	HEACILITY GIVE STREET A	al of	Pr. Geo. Co	(TYPE OF WORK FOR MOST OF WORKING L	IFE) INDUSTRY	Gov't.
«must βe	13a S	AL RESIDENCE (IF NURS	13b COUN	1TY	Riverdal	N	13d INSIDE CITY LIMITS? YES [X NO ]	13e STREET ADDRESS / ZIP COD 5303 56th Ave		7
la la	14. FA	ATHER'S NAME		MIDDLE	LAS1		15 MOTHER'S MAIDEN NA	ME		
S.	Ja	mes		MIDDLE	Burtrum	1	Dora	Ellen	Greenv	valt
0 /		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU			1 Route #86,55 The	ompson.	
med /	No	O OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-44-4	1610			44086	
event, the		18 CAUSE OF DEAT PART I DEATH W	'AS CAUSE	lly one couse per D BY TE CAUSE (o)	Ven Vi (v	die ()	(-ih/Illota		BETWEEN	MATE INTERVAL ONSET AND DEATH
, ar ather trouma			nediate ig the last	DUE TO, O	MYUCATU	NCE OF	nsuffrage	(UVM-7 hur + )	WALL DARK	WIM:
any injury	CERTIFICATION	Kenn Gu	INP	severe.	. (much	e he	WY FUMP	7, Whe ly Melling	S WERE FINDIN	NGS USED
100	TIF								FYING CAUSES	NO []
em 18 sh		210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DE	TH HOUR A	M. MONTH DA	Y YEAR	21 E HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART RPART.	
- o	MEDICAL	21d INJURY OCCUR		21e PLACE			21f LOCATION	· ITY OR TOWN	COUNTY	TATE
rked	2	WHILE NOT WH	FILE .	I AT HOME STR	EET TACTORT OFFICE TO	111.		1 /11	60	
21 is ma		220 I certify that (I) saw the decease	ed alive on	0	19	5 . 00	d that in (my) (ear) apinion	deoth occurred on the date and ho	19_01	that (L)(we) last
T If Item		226 SIGNATURE	W/	1 11.	offer death	M	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	91-9-97
MPORTANT		22d PHYSICIAN'S N	MI	R PRINT)	WIN	1	22e ADDRESS	north Rus	Hoot	11/1/
_	230 B	URIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	EDUNIY	PATE
_		urial		10-15-		t. Lir	coln Cemeter		.G., M	aryland
7 84	2PF	RANCISOCA	ASCH	,S SON	S FUNER	AL H	OME, P.A.	E RIGO TY REGISTRAM COTREGIS	TRAR'S SIGNAT	URE
	47	39 Baltimo	re A	e. Hy	attsville.	Mary	land	0	104.04	- Virginia

DHMH 16 60M 7 84

BP.

	1000
ASTANA	
A STATE OF THE STA	stance of the stance of the stance of
a han a 19 award graduate of	

06.813

5

Lithing 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in should be detached for use as the burial-transit permit. Then please remove corban popers: Pages 1 and 2 should be it with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or attending physician

O HOSPITAL

DHMH 16 60M 7/B (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury or ather troumotic event, the medical examiner

death Page 4 may be

FOR STATE

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

-PI 87	REGISTRAR				CERTIF	ICAIL OI D	LAIN		REG. N	0.				
	CEASED NAME	FIRST		WIDDIE	L	AST		20 DATE O	FDEATH	MONIH	DAY YEAR	2b H	OUR	
		Janet	Ru	th		TORM				1,198		1:1		AM
3, SE)			4 RACE	:	5 DATE C		448.24	6 AGE IN	YEARS LAST BIR	THDAY)	IF LINDER I YE		OER at	MIN.
	male		Caucas		02	- 14	- 1934	53		YRS				
	RTHPLACE (STATE C			WHAT COUNTRY?	8 MARRIEI	NEVER A	ARRIED -			R COUNTY		1		
Ma:	ssachuset	ts	U.S.A	١.	WIDOWE		ORCED	Pr	ince	George	e's			MD
10 CI	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL		ON DE WORKING LIE		D OF BUS	INESS	OR
	nham		Doctor	cs' Hospi	tal o	f Pr. G	eo. Co.	Reg.	Nurs			enbel	t h	۷. F
	AL RESIDENCE IIF NO.	136 COUR	George!	GIVE RESIDENCE BEFORE 130 CITY OR TOWN 5 Greenb		13d INSIDE CI	ITY LIMITS?	13e STREET	ADDRESS .	ZIP CODE	ce 2	20770		
14 FA	THER'S NAME						MAIDEN NAM	ΛE						
Jos	seph Edw	ard G	reaves	LAST		Joseph	ine Ba	rrett	WIDDIE			LAST		
	VAS DECEASED EVE	ERINUS AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRE	SS				
No	YES NO OR UNKNOWN)	n/a	E WAR OR DATES)	577-58-8	420	Albert	Ecksto	orm	Sam	e as				
	18 CAUSE OF DEA	ATH (Enter or	ly one couse per	line for rot, (b), one	dic				4		BETWE	ROXIMATE IN	HERVAN	ATH
	PART I. DEATH		D BY TE CAUSE (0)	(m	din	170	SDI 10	Line	Av	mach	- 0		AY-	-
		WALL				110	1	/						
			DUE TO, O	R AS A CONSEQUE	NCE OF		- 1	Mada	1	41	1			
	Conditions, if or		( b)_	10.	Scil	HP	Intra	1( caci	Lucil	BILE	01 -			
	gove rise to immediate couse io, stating the DUE TO, OR AS A CONSEQUENCE OF													
	underlying cou		DUE TO, O	R AS A CONSEQUE	NCE OF	1-	11	MA	1-01	000 1 60				
	- anderlying coo	750 1051	( (c)	(a. )	4-800	15t 1	WITh	The	rust.	4515				
	PART 2 OTHER SH	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	E OR CON	DITION GIV	EN IN PART	1ta		_
O														
CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	IICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
TIFI								YES	NOM	YE:	-		ATH	
E	21a. ACCIDENT WAS L	INDERLYING	216 TIME C	F INJURY		21c HOW IN	JURY OCCURR	ED (ENTERN	ATURE OF INJUI	RY IN ITEM 18 P	ART OR PART			_
-	OR CONTRIBUTING			M MONTH DA										
MEDICAL	216 INJURY OCCL		21e PLACE	M.	19	211 LOCATIO	101							
ME		WHILE		REET FACTORY OFFICE FA	ARM FIC )	STREET	/14		ITY OR TO	WN	OUNTY		TAT	٤
	AT WORK AT V	VOR*			-	1				-1-				
	220 I certify that			e deceased from_	91	30/5	7, 19	, to/	0/1	18	19	that ()	(we)	lost
	sow the dece	osed olive on (did) (did no	t view the body	diter death	87. pr	id that in (my)	our) opinion d	leoth occurre	ed on the do	ote and hou	and from	the couses	state	d
	226 SIGMATURE	1.	7			DEGREE					22c QA	ATE SIGNE	D	
	Kita	u K.	Slice	h 116)			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI PHYSIC		10	1/8	7	
	22d PHYSICIAN'S	NAME ITYPE C	R PRINT)			22e ADDRESS	1	.1 17	,	01	1	1 4		1.
	Gita	K. Sha	ah, MD.			14333	3 Lau	4 13	of cure	RO	Lau	al /	-	5
	BURIAL, CREMATIO			23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOC						
Bu	irial		10/05/	87 Re	surre	ection (	Cem.	Clin	ton.	Prince	COUNTY	Hear	اعما	Pari
FFU	arrei sire Cas	ch's S	ons Fu					REC'D BY	REGISTRAR	25h-Rt (3151	RARSSIGN	LATURE	11 y	ian
				dvatt'sVille				1 8	1301	U		one		

DHMH = 16 60M 7/B4 (VRA 15, 4)

070482

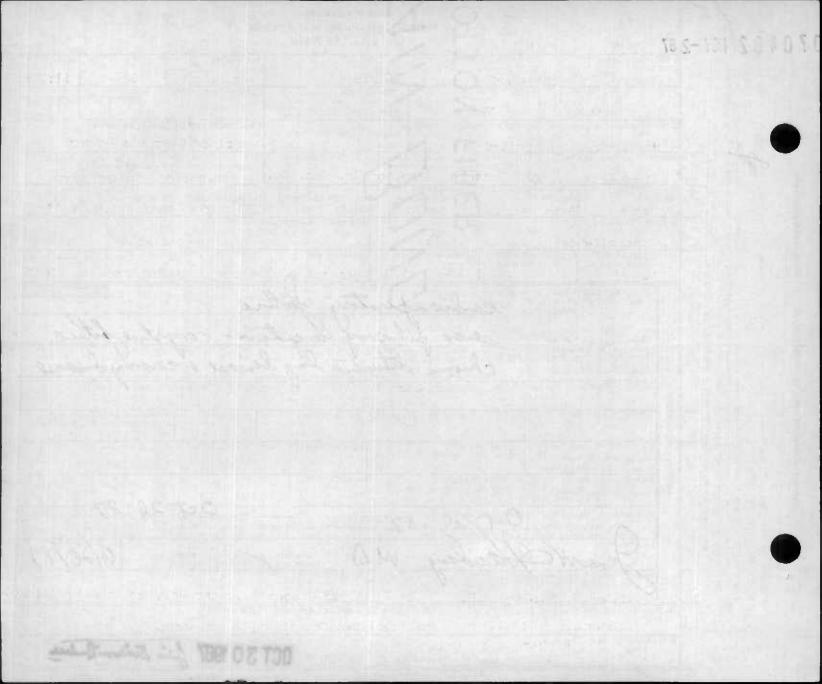
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

RI	REGISTRAR			CERTIFICATE OF DEATI	H RE	G. NO.		
	ECEASED NAME FIRST	^	MIDD(E	LAST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
		izabeth	Barbara	EGGERS	October	26, 1	987	11:20
3 SE		4 RACE		DATE OF BIRTH	6 AGE IN YEARS LA		IF HINDER FEAR	IF NIER AHR
	Female	Wh	nite N	November 3, 190	06 80	YRS	MONTHIE DAY	HODR' MIN
	BIRTHPLACE LATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CL	7110	OF DEATH	
	New York	United		MARRIED NEVER MARRIE	Prince	George	's Coun	ty "
	CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	ON 120 USUAL OCCU	PATION	126 KIND O	F BUSINESS O
USI	Lanham  JAL RESIDENCE OF NURSING HOME C	AMI Doct		. of Pr. Geo.	Co. House	wife .	Own I	lome
13a S	STATE 136 COU		134 CITY OR TOWN	13d INSIDE CITY LIA				1444
_		Beach	Boynton Bead			gh Point	Blvd	/ 3343
14TFA	ATHER'S NAME	MIDDLE	Mails and the	15 MOTHER'S MAID	MIDE		LAS	
140 )	(Unavailable) WAS DECEASED EVER IN U.S. A	PALED EOPCESS	Mihalko 166 SOCIAL SECURIT	Y NO 17 INFORMANT	,	availab		
		IVE WAR OR DATES)	130-20-83		M. Keunen,		32nd Pl gton, D	
	18 CAUSE OF DEATH Enter of PART 1. DEATH WAS CAUS	only one couse per	line from the hinds		111		BETWEEN	MÀTE INTÉRVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR	evere ful	Street les	y disease	rogest	my La	ins
NO.	gove rise to immediate couse iol, stating the	DUE TO OF	AS A CONSTOURNA S A CONSTOURNA ONTRIBUTING TO DEA	Start STH BUT NOT RELATED TO T	de TERMINAL DISEASE OR O	reget - coro	LE IN PART 1:	insl
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost			ATH BUT NOT RELATED TO TO		206 IF YES	S, WERE FINDING CAUSES	
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	196 CONDI	ITION FOR WHICH OP F INJURY M. MONTH DAY	PERATION WAS PERFORMED	20a AUTOPSY?	20b IF YES	YING CAUSES	OF DEATH?
	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	19b CONDI  21b TIME OF HOUR A/ EE) P/ 21e PLACE (	ITION FOR WHICH OP FINJURY M. MONTH DAY M. OF INJURY	PERATION WAS PERFORMED  YEAR 19 216 HOW INJURY (	YES NO	X YE NUTER IS F	YING CAUSES	NO DE DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse 10% stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTING CONTRIBUTING CAUSE OF DISTRIBUTING CONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTING CONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTION CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTION	19b CONDI  21b TIME OF HOUR A/ EE) P/ 21e PLACE (	TION FOR WHICH OP FINJURY M. MONTH DAY M	PERATION WAS PERFORMED  YEAR 19 216 HOW INJURY (	YES NO	20b IF YES IN CERTIF	YING CAUSES S ART   OR PART 7)	OF DEATH?
	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  710, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DI (18 ETIMER NOTHY MEDICAL EXAMINI 21d, INJURY OCCURRED  WHILE AT WORK   NOTWHILE   AT WORK   AL WORK	19b CONDI  21b TIME OF HOUR A /	FINJURY M. MONTH DAY M. GET FACTORY OFFICE FARM	PERATION WAS PERFORMED  YEAR 19 216 HOW INJURY (	YES NO	X YE NUTER IS F	YING CAUSES S TARE FOR PART 7	OF DEATH?
	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIGITAL EXAMINATION 21d. INJURY OCCURRED  WHILE ALT WORK ALT WORK  27a. Certify that (I) (this haspens of the decased alive of the couse of the	19b CONDI  19b TIME OI HOUR A/ PP/ 21e PLACE ( 14t HOME STR	FINJURY M. MONTH DAY M. OF INJURY CEET FACTORY OFFICE FARM R downsed from	YEAR 19 216 HOW INJURY (	200 AUTOPSY? YES NO OCCURRED (ENTER NATURE OF	206 IF YES IN CERTIF IN CERTIF OR TOWN	YING CAUSES S TART - GRPART 7	OF DEATH? NO []
	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DIT (FEITHER NOTER MEDICAL EXAMINICAL 21d. INJURY OCCURRED)  WHILE NOTER MEDICAL EXAMINICAL 21d. INJURY OCCURRED  AT WORK AT WORK  220.1 certify that (1) (this hasp	19b CONDI  19b TIME OI HOUR A/ PP/ 21e PLACE ( 14t HOME STR	FINJURY M. MONTH DAY M. OF INJURY CEET FACTORY OFFICE FARM R downsed from	YEAR 216 HOW INJURY (19 21) LOCATION STREET 19	YES NO	20b IF YES IN CERTIFY YE INJURY IN ITEM 18. F	YING CAUSES S TART - GRPART 7	OF DEATH? NO []
	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILETTER AND THE MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOTHER AT WORK  270 1 certify that (I) (this hosp say he deceased alive of says in the deceased olive o	IPB CONDI	FINJURY M. MONTH DAY M. OF INJURY EET FACTORY OFFICE FARM C day said from	YEAR 19 216 HOW INJURY ( 19 A ETC 1 218 LOCATION STREET  19 2. ond that in (my) (our) ( PHYSIC	200 AUTOPSY? YES NO OCCURRED (ENTER NATURE OF	20b IF YES IN CERTIFICATION IN CERTIFICATION IN TEM 18. F	YING CAUSES 5 ART OR PARTY  COUNTY  19 27 1 and from the	of DEATH? NO
MEDICAL	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DI [FETTHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED (IN THE CONTRIBUTION OF THE CONTRIBU	21b TIME O HOUR A/P P/ 21e PLACE C (AT HOME STR IN 1 Dock of the street	FINJURY M. MONTH DAY M. MONTH DAY M. GET FACTORY OFFICE FARM Red to m. 19	YEAR 19 216 HOW INJURY ( 19 A ETC 1 218 LOCATION STREET  19 2. ond that in (my) (our) ( PHYSIC	200 AUTOPSY?  YES NO  OCCURRED (ENTER NATURE OF THE PROPERTY O	20b IF YES IN CERTIFICATION IN CERTIFICATION IN TEM 18. F	YING CAUSES 5 ART OR PARTY  COUNTY  19 27 1 and from the	of DEATH? NO []  Ithat (I (we) la couses stated SIGNER 87)

. . . .



#### STATE OF MADVIAND

STATE OF MAKILAND	1
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IEWE REG.	NO .		1	
	CEASED NAME	FIRS1	٨	AIDDLE	L	AS1	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	_
TITPE	OR PP 10	SARAH	Ti	ARJORIE	E	MERY	OCTOBER 2	29, 1987		5 10 PM	0
3 SE	x		4 RACE		5 DATE C		6 AGE TIN YEARS LAST	BIRTHDAY) IF INC	ER I YEAR	IE UNDER JAHRS	
F	EMALE		CAUCASIA	AN	APRIL.	15. 1894	93	YRS	DA+5	HO-RS MIN	
		OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		EATH		-
	SHINGTON	, DC	USA		WIDOWE	D NEVER MARRIED X	PRINCE (	GEORGES		JM.	,
10 CITY OR TOWN OF DEATH HYATTSVILLE			(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET L MANOR N	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS CLERK		KIND OF DUSTRY	F BUSINESS OR	
USU/ 13a S		NURSING HOME OF		GIVE RESIDENCE BEFORE 13t CITY OR TOW HYATTSVI	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 4922 LASA		o.	0783	-
14 FA	THER'S NAME		MIDDLE	LAS1		15 MOTHER'S MAIDEN NAM	ME		LAST		
	WILLIAM			EMERY		SARAH			QUI		
	VAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT ATTOR	NEY ADD	DRESS 5 N. A	DAMS	STREET	
N	O	(* 163 61	VE WAR ON DAILS	220-44-4	277	RICHARD GALI	HER ROCK	KVILLE, MD	20	850	
NO	PART 2 OTHER S	ony, which immediate ating the use lost	DUE TO, OF	r as a conseque	ARTER	Y DISEASE	inal disease or co	ONDITION GIVEN IN	PART 1		_
ATI	190 DATE OF OPE			TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WEF			-
TIFIC							YES NO	IN CERTIFYING	CAUSES	NO [	
MEDICAL CERTIFICATION	AT WORK AT	CAUSE OF DE MEDICAL EXAMINE URRED	PI PLACE ( LAT HOME STR	M MONTH DA M. DE INJURY EET FACTORY OFFICE F	19	211 LOCATION STREET  23 10 82	CITY OR	TOWN	OUNTY	TATE	_
	obove, (1) (w 27b SIGNATURE 27d PHYSICIAN'S	NAME (TYPE	G - N	ealon,	07	DEGREE ATTENDING	MEDICAL S DIRECTOR PHY	TAFF	from the c	SIGNED	-
23a E	BURIAL, CREMATIC	ON, REMOVAL	23b DATE	23: 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				-

DHMH 16 60M 7 84

BP.

TO FUNERAL DIRECTOR

(VRA 15, 4)

hauld be detached for use as the buriol transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

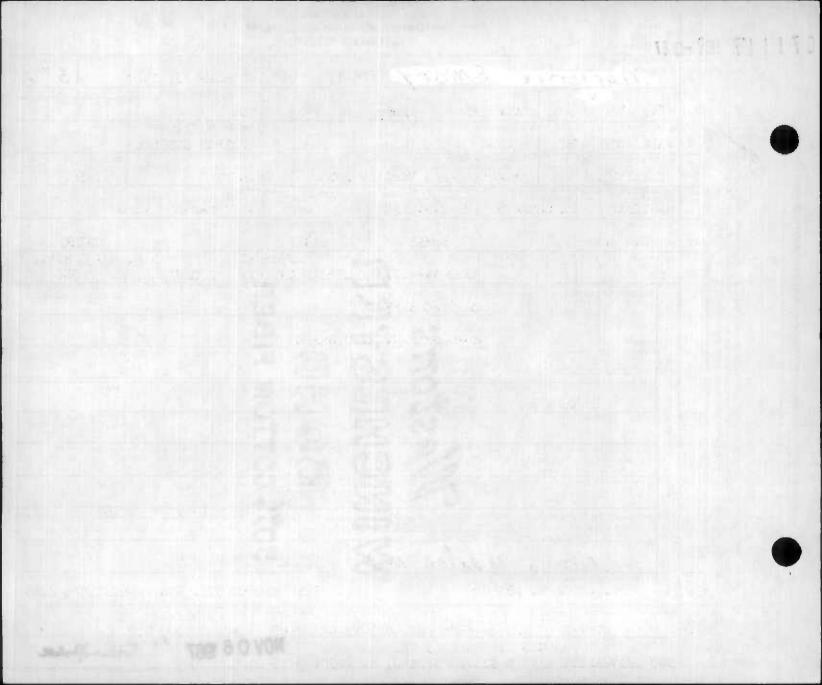
IMPORTANT If Hem 21 is marked or Item 18 shaws ony

injury, ar other troumatic

230 BURIAL, CREMATION, REMOVAL NOV 2, 1987 FRANCIS J. COLLINS, JR. BURIAL 24 FUNERAL DIRECTOR

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

23d LOCATION



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 068885 OCT REG. NO L DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF DEATH MATED 4 RACE 6 AGE LINYEARS DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 20 DATE LAST BIRTHDAY VEAD PRONOUNCED V T YRS DEAD a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County, United States Kansas WIDOWED IL CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Homemaker Own Home Mitchellville ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTIT 3a STATE Prince 3d INSIDE CITY LIMITS? 18567 Central Avenue/20717 Geo. Maryland YES A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Smidt Adolf Thieme Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 1200PRGedar Lane (IF YES, GIVE WAR OR DATES) 216-38-6330 Lydia E. O'Bannon Edgewater, MD 21037 No ING" IN PENCIL IN ITEM 18 (ICAL EXAMINER ALONG WITH A BURIAL - TRANSIT PERMIT. FATION OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse persone for (o), (b), and (c) Cardiovas culot desease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (CAUSE) DUE 10 AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAM USED AS A BURIAL OF HEALTH AND MEI lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD " FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USEE THE STATE DERARTMENT OF HAND, 21201 PRIOR TO BURIAL NO A 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INTURY OCCURRED 21f LOCATION STREET FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STANDE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Inspection ond in my opinion Notural couses Accident Homicide Undetermined manner LITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM Rodriguez, M.D. ADDRES 5009 Rayburn Ct , Temple Hills, MD Augusto P. TYPE OR PRINT 736 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 3d LOCATION Suitland. P.G. "Maryland" Burial Cedar Hill Cemetery 07 84 BP 25M 24 FUNERAL DIRECTOR

DHMH 17

(VR A15 ME (5))

Funeral Home

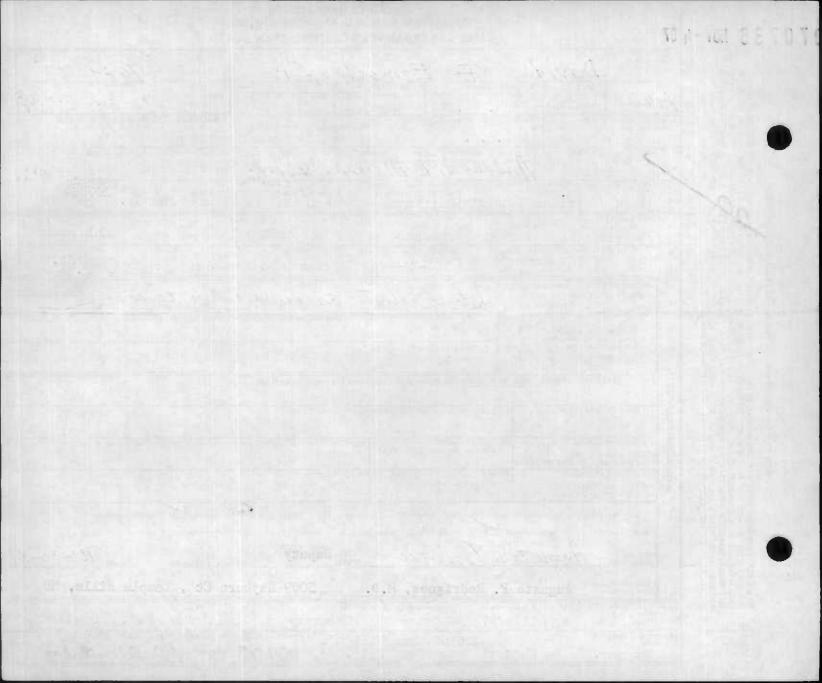
16000 Annapolis Rd. Bowie, Maryland 20715

Julia Dertorn Randage

	10 2.1
and the same and t	
The state of the s	and part
1504) IT validated to manually at 250 0,50-16492	
the party of a constitute of the same first which does the same	· · · · · · · · · · · · · · · · · · ·

George P. Kalas Funeral Home Oxon Hill, Md.

IVR A15 ME (5)



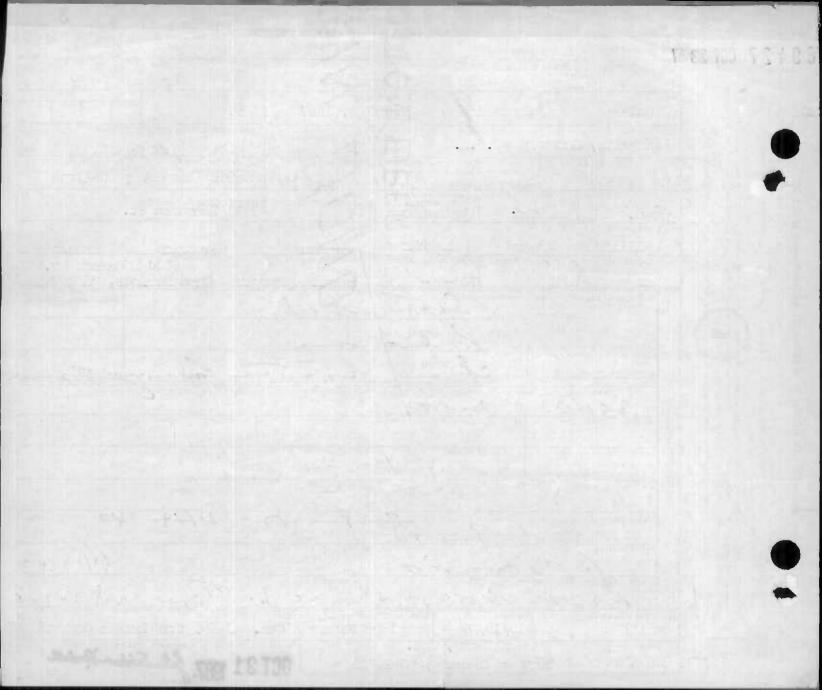
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEDE

30243

77	OCT 23	17_	REGISTRAR			CEKTIF	ICATE OF DEATH	REG N	10		
- 1	00. 20		00.00	RSI	MIDDLE		AST <sub>w</sub>	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
pe	e e e e e e e e e e e e e e e e e e e	1	RUE	ery	inton 6	ELI BY	ubanks		10.14	87	94600
Boy	0 0	3 SE	Х	4 RACE	THE CHI	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		DER YEAR	IF NOER 4 HR!
4	to soft		Male	Caucas	ian	April	1 2, DA 1897 EAR	90	W 300 196	/A1	HOUR MIN.
00	dire	70 B	RTHPLACE (STATE OF FORE	Th CITIZENI OF	WHAT COUNTRY?	9		9 BALTIMORE CITY	YRS OF D	EATH	
ŧ	10 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		afayette, Ge		S.A.		D NEVER MARRIED	100	COUNTYOFD	EAID	
qeo	hin of					WIDOWE		PRINCE	YEORG C		MD
ě	led with	10.0	TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL, NURSIN	ADDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPA			BUSINESS OR
	The fee	16	MOTHIL	SOUTH	GRM M	ARYIA	40 HOSPITHI	"Safety In	rspector	Rail	.road
ř.	of pe		AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	130 CITY OR TOW		TIM INSIDE CITY LIMITS?	13 STREET ANDRESS	/ 7IP CODE	131	Watte
24	onlo of	T		lamilton	Chattano		YES D NO D	3711 Prov	ence St.	77	777
ŧ.	2 s y s y	13/7	THERSINAME			1	IS MOTHER'S MAIDEN NAM	AE .		-	
3 .	and and	¥	William	Edward	Eubank	S	Dationes	Dooks	22.22	CA	
cote	5 2	Dán S	VAS DECEASED EVER IN I				Patience	Beati	Service Control		ain
×	e de de	1 1	PES, NO OR LINKHOWNS - 128	THE OWN WAS ON DETERM			To Contract of		6800 Edg		
pe	75. P		es W	WI	1704-09-5	526	Sylvia DeBor	rger Camp	Springs	, Md	20748
o te	pe pe		PART I, DEATH WAS	nter only one course per CAUSED BY	r line to 10, (b), (as	He I	-0 0			BETWIEN-On	DEL WHE OF WITH
4	CTTO.			AEDIATE CAUSE III	sepi	LL	Track				
h ce	0000			DUE TO C	OR AN CONSEQUE	NCE OF					
deoi	119.5		Conditions, if any, wh			202	~~~a				
he	2422		gave rise to immedi		A A CONSEQUE	- militar					
101	1111			out   Inne in C	A CONSEQUE	MUEDI	alelanol	wa to	Paranet 1	- F	
es t	1111		PART 2 OTHER SIGNIER	CANT CONDITIONS C	ONTRIBUTING TO F	EATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OD CON	IDITION OVER IN	DADI I	1
200	1111	20	MIKI	7 6 /	2-1-	7	NOT RECEIVED TO THE TERM	INAL DISLASE OR COL	ADMONSTRATIV	FARITO	
5	(2 g = 6	₹ F	190 DATE OF OPERATION	N 19h CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WER	RE EINDING	GSTISED
0 0	ws. ber	CERTIFICAT							IN CERTIFYING	CAUSES C	OF DEATH?
The arms	sho sho	ERT	21g. ACCIDENT WAS UNDERLY	ING D 21h TIME (	OF INJURY		214 HOW INTURY OCCURR	YES NO	YES 🗆		NO []
A by	HO H	1 -	OR CONTRIBUTING CAUS	110110		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	ORA IN 115 W 18 LAKE 2	RPARI,	
Sic	Tent lent	ICAL	(IF EITHER NOTHEY MEDICALE		.M.	19					
PHY end	d d d	MEDI	21d INJURY OCCURRED		OF INJURY	ARM ETC )	211 LOCATION STREET	CITY OR T	OWN	OUNTY	1ATE
OZ O	fter as th orke	-	AT WORK NOT WHILE								
200	leoli s m		22a I certify that (f) (thi	s hospital) attended t	he deceosed from_	81	2/ 19	10	14 19	77 th	at (l) (we) last
TTE	21 4		sow the deceased o	live on / / /	obter death 19	( or	nd that in (my) (our) opinion o	leath occurred on the c	date and hour and	from the co	auses stated
P A A	hed eot tem		226 SIGNATURE		7		DEGREE		2	20 DATE SI	IGNED
the t	Te Do		10	min		7	ATTENDING PHYSICIAN	MEDICAL STA		15/1	4/62
PIT by	AN Sto	1	THE PHYSICIANS NAME	(TTPE OR PRINT)			22e ADDRESS	DIRECTOR   PHIST	CIAIN	/	
TOS	should by the MPORT		610	-A- 1	1.00712	71 -1		1. Cl.		0 >	1. 5. 5
0 6	0 % 3 A	22 (	1 2 4	10	2 > / /	// (-	142 32 1	y er	-//	1	0 140
-	100		SURIAL, CREMATION, REA	10/19			EMETERY OR CREMATORY	23d LOCATION	ham Das Call	NIY C-	assaday a M
GBP_	17 1						d Veterans Cen		ham Prin		-
бнин	16 60M 7/84	24 FI	INERAL DIRECTOR LO	e runeral l	HOITE, INC.	•	250 DATE	REC'D. BY REGISTRA	256 REGISTRAR'S	SIGNATU	RE . OO
(VR	PA 15, 4)653	0.	d Alexander	Ferry Rd C	Clinton, M	id 207	735 <b>00</b> 7	21 1007	Telie Davido	av-Nou	Grac
								100f#			•



FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

10	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	DECEASED NAME FIRST	MIDDLE	LAST		YEAR 26 HOUR
	CECIL	EMMONS	FARRAR .	October 4, 1987	9:00a M
3	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
	Male	White	August 25, 1915	72 YRS WONTHS	DATS MELKS MIN
70	BIRTHPLACE ATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	ATH
	Maine	U.S.A.	WIDOWED DIVORCED	Prince George's C	County
10	CITY OR TOWN OF DEATH  Lanham	(IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME OR OTHER INSTITUTION REET ADDRESS) OSP. of Pr. Geo. Co.	Limousine Driver G	,
1:	JOUAL RESIDENCE OF NURSING HOME OF STATE 136 COL P.	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY OR TO P.G.	OWN 13d INSIDE CITY LIMITS?	6505 Greenfield Cou	ansportation urt 20706
14	4 FATHER'S NAME FIRST Cecil	Calvin Farr	ar Carrie	WIDDIE	<b>AcCobb</b>
16	NO WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) 004-03		ADDREG 505 Gree arrar(Wife) Lanham,	
	Conditions, if ony, which gove rise to immediate couse 10. stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF	of bladde, and mult.	,
	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
	TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAUSE	HOUR A.M MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IS PART OF RE	
	22a 1 certify that (f) (this has	pital) attended the deceased fro		, to	that
	276 SIGNATURE Deca	11 - X	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
	22d PHYSICIAN'S NAME ITYPE	Seen Haref	MO AMERICA. Do	esn's House Jant	rem Md.
2.	30 BURIAL, CREMATION, REMOVA		36 NAME OF CEMETERY OR CREMATORY	23d LOCATION (ITY OR TOWN COUNT)	y IA3E
L	Burial	10/07/87 F	ort Lincoln Cemeter	y Brentwood P.G.	Manylond
24	Francis Gasch's	Sons Funeral	Home P.A. 1250 DA	TE REC & BY REGISTRAR 29 AREGISTRAR'S S	GNATURE
L		Avenue Hyattsv			

DHMH - 16 60M 7 84 (VRA 15, 4)

BP.

TO RESEAL DIRECTOR After this certificity to the

A DETAIL If Hem 21 is marked or Hem

	FOR
-	STATE
	DECISTRAD

#### STATE OF MARYLAND DEPART

MENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE
CE	RTI	FIC	ATE	OF	DEATH	

		11	- STATE REGISTRAR	VET ATTITUTE	CERTIFICATE OF DEATH	REG NO	
1	OCT 13	87	PECEASED NAME FIRST	MIDDLE	+ ASUL D	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
, pe	deoth deoth	i i	PE OR PRINT) ETTA	LOUELLA	FASOL D	10-8-5	57 C415 A
E	6 5	3 5	EX 4	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDE	ER LYEAR IF INDER JHR
4	at ft		Female	Caucasian	1-5-1929	58 YRS	HOUR) MIN
2	72 10/	70		CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTHMORE CITY OR COUNTY OF DE	ATH
South !	NE SI		West Virginia	USA	WIDOWED DIVORCED	PLINCE GOO.	n Ges Como
3/1	信きない	10	CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION		KIND OF BUSINESS OR
1	13/16	1	CLINION	SO MARC	1 /ANU HOSP		ntal Lab
6	12 201	13s	UAL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	20601
2	新文	M	aryland Cha	rles   Waldor		2230 Pinefield	Road
ž.	Train.	TL.	FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
T.	11/15	1	Bernard	Daugh	erty Lois	MIDDLE	nes
100	2 6 3	160	WAS DECEASED EVER IN U.S. ARMI		RITY NO 17 INFORMANT	ADDRESS	
e ×	Poge	4	no	232-38-	5907 John C. F	asold - same as	# 13
9	pers.		18 CAUSE OF DEATH Enter only	one cause per line for lat. (breand	110		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tréico	phy n pol moy vent		18 CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED IMMEDIATE	CAUSE (g)	RDIAC AR	REST	
Cer	ding orbo or re		, and the second	. 1	NGE OF	CUCMES	
deoil	ove con		Conditions, if any, which	( b)	EMOLYTIC HA	IEMIA, PUSITIO	(
the	remo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF ACUTE S.	- 2-1-	
thot	by croth		underlying cause lost	(c)	/ 1 -		
S S	gned in ple burn	,		NOTIONS CONTRIBUTING TO D		INAL DISEASE OR CONDITION GIVEN IN	PART IIa
edin	The The		DIADE	ES MELLI	US, INSUL		/ (
3,0	prio prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		E FINDINGS USED CAUSES OF DEATH?
o n	the house					YES NO YES	NO [
Z X	Hyg 18 sh			116 TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM IR PART THE	PART,
0 0	iol-ti	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
HYS	his c	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION STREET	ITY OR IC WN	DUNIY TATE
Offe P	ter t is the	1 2	AT WORK AT WORK	TAT HOME STREET FACTORY OFFICE FA	10/1	1018	
90	eolt mo		22a I certify that (I) (this hospita	I ottended the deceased from	19 8		that it (we) tast
TTEN p to	for to A		saw the deceased alive on above (1) (we) (did) (did not)	view the body after death	, and that in (my) (eve) opinion	death occurred on the date and have and f	om the causes stated
A A	hed ept Hem		226 STONATURE 1	0	DEGREE		20 DATE SIGNED
AL C	AL Didetoc		KTILL CON	marghy	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-8-87
SPIT d by	Id be d	1	224 PHYSICIAN'S NAME (TYPE OR F	700	22e ADDRESS	- 1 2074	8 Heghts
O HO	Should with th		KIChenel 11	le l'onpadet	y 5618 S	1 BARNUBUS R.	O Mon for
To e	= +3 3	230	BURIAL, CREMATION, REMOVAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ME OF CEMETERY OR CREMATORY	23d LOCATION	NIV SATE
BP			Burial	10-13-87 M	d. Veterans	Cheltenham Pr	Geo. MD.

DHMH 16 60M 7 84

24 FUNERAL DIRECTOR Funeral Home (VRA 15, 4)

P. O. Box 156 Waldorf, Md. 20601

250 OCT 0 9 1987

0

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	MASED NAME F	IRST	MIDDLE	LAST				
1923	PE OR PRINT)			CAST		20 DATE KNOWN OF ESTI	25 WON H	AT THAR 76 HOUR
	Dia	ine	Ε.	Feggans		DEATH MATED	10	221987 N
3.SE	X 4 RACE	5 DATE OF BIRTH	6 AGE (IN YEA		UNDER 24 HRS	2c DATE	MON H	AY JAR 24 HOUR
	emale Blac		YEAR LAST BIRTHDA	Y) MONTHS DAY		PRONOUNCED DEAD	10	221º 87 2:30
10 B	IRTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRY?	8		9 BALTIMORE CIT		
1	Wash., D.C.	USA		MARRIED NEVE			~	
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME		DIVORCED LIST	Prince JAL OCCUPATION	George	e's County MD
$\kappa$		IF NOT IN CHEAC	LITY GIVE STREET ADDRESS		FORA	AOST OF WORKING LIFE	TYPE OF WORK	OR INDUSTRY
	Cheverly	Prince G	eorge's Ger	eral Hospi	tal L	egal Secr	cetary	Unknown
130	AL RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION GIVI COUNTY	13c CITY OR TOWN	13d INSIDE CITY	LIMITS?   13e STRE	EET ADDRESS	(	KICKI
-			Washingto	on yearx	NO 🗆 124	2 Emerson	Stree	t. N.E.
PI.F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER	S MAIDEN NAME			
M€	elvin T. Fegga	ans	TAS		zabeth		7 1 .	LAST
	WAS DECEASED EVER IN U.		166 SOCIAL SECURITY			ADDRI	<i>I</i> right	
No		S, GIVE WAR OR DATES)						
110			578-80-50	)93 Mr.	Melvin	T. Feggan	s/fath	er/same as 93
	18 CAUSE OF DEATH (En	ter only one couse per line f	or (a , (b), and (c) )					APPROXIMA E INTERVAL
	PART I DEATH WAS C	EDIATE CAUSE (o)	Abdominal	troums reith	a complia	70 t i ou o		BETWEEN ON ET AND DEATH
	I Imm	DUE TO OR	AS A CONSEQUENCE C	Craulia WILI	T_COMPTTC	cations		
	Conditions, if ony,		S A CONSEQUENCE C	r				
	gove rise to imme							
	cause (a stating the u	nder DUE TO, OR A	S A CONSEQUENCE O	F				
	lying couse last.							
	PART 2 GINER CIGNIFICANT CONO	ITIANS CONTRIBUTING TO OF 1211 OF	T 100 00 00 00 00 00 00 00 00 00 00 00 00					
z	THE POINT STORIFF (AND CONG	ITIONS CONTRIBUTING TO OFATH BL	I NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GI	VEN IN PART 1 a			
9								
V	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERA	TION WAS PERFORME	D?			20 AUTOPSY?
Ē								6) 6
CERTIFICATION	210 EXTERNAL CAUSE WA		NJURY	21c HOW INJURY OC	CURRED (SNITTON)	ATTION OF HILLIAN		YES X NO
-	UNDERLYING TOOR	HOUR A.M.	MONTH DAY YEAR					(2)
EDICAL	CONTRIBUTING			Pedestria	an struck	by motor	rcvcle	
ED	214 INJURY OCCURRED		INJURY (AT HOME	211 LOCATION			1000	MD
Z	AT WORK AT WORK	STREET FACTO	4	Von i Tranch	7	CITY OR TOWN	COU	MD TATE
			road	rentiwortr	AVE&R1V	verdale Ro	, Rive	erdale, P.G.CO
	22s. Leestly that I taok	charge of the renaiss discr	tyed above field on	Autopes X in	spection .	Inquery .	and army again	mines.
	the state of the s	Statistics of the state of the	Acident X Sur	T		30000	1	
	1/	- 14	21	110	The second second	rmont manuar L	Ji.	
	// //-		XI FI	THE WHE	HY)		1000	
	ACTUAL ()	61000 16	/X / / /					40104100
	ACTUAL ACTUAL SIGNATURE	eus 4	Most	LAGUASSIS	LETT MEDIC	CALEXAMINER	SKINED	10/24/8/
	SIGNATURECC	eus G	Sup 0	LAG ASSIS	Lant MEDIC	CAL EXAMINER	SIGNED	10/24/87
	SIGNATURECC	Dennis F. Sm	th, M.D.		lant MEDIC 11 Penn			
23a. BI	EXAMINER'S NAME (TYPE ON PRINT)  IRIAL CREMATION REMOVE			ADDRESS_1	11 Penn	St.	Balto.	
230. B	EXAMINER'S NAME (TYPE ON PRINT)  IRIAL CREMATION REMOVE	AL 236 DATE	23c NAME OF CEMI	ADDRESS 1	11 Penn	St.		MD.
Ï	EXAMINERS HAME  UPITAL OF PRINTIP  UPITAL, CREMATION, REMOVES  PECEPY,  OUTIAL			ADDRESS 1 ETERY OR CREMATORY CO1n	11 Penn	St.	Balto.	MD.
24 FL	EXAMINE SHAME  THE OF PRINT  JEIAL, CREMATION, REMOV  SCIPY, TAIL  JULY TAIL	23b DATE 10-28-87	Ft. Line	ADDRESS 1 ETERY OR CREMATORY CO1n	11 Penn    23d LOC   CHYON   Br	St.	Balto.	MD.
24 FL	EXAMINERS HAME  UPITAL OF PRINTIP  UPITAL, CREMATION, REMOVES  PECEPY,  OUTIAL	23b DATE 10-28-87	Ft. Line	ADDRESS 1 ETERY OR CREMATORY CO1n	11 Penn    23d LOC   CHYON   Br	St.	Balto.	MD.  ry state

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH 2b HOUR 6:20p M October 22, 1987 FILHIOL 6 AGE (IN YEARS LAST BIRTHDAY LLACK 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 20 USUAL OCCUPATION USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? YES X 15 MOTHER'S MAIDEN NAME ELLÍC'TT FILHIUI 166 SOCIAL SECURITY NO. 17 INFORMANT 7008 EAST LAMBARD STREET 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and in Small cell tremor of the liver MO DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lo 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY 206 IF YES, WERE FINDINGS USED

gave rise to immediate couse to stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last

220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on above, (I) (well (did not) view the body after death

190 DATE OF OPERATION

WHIE NOT WHILE

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Conditions, if any, which

REGISTRAR

Willie

I DECEASED NAME

MALE

TO BIRTHPLACE ATE OF FOREIGN

IN CITY OR TOWN OF DEATH

FIRST

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

JAMES

LOUISIANA

T.A NHAM

14 FATHER'S NAME

(TYPE OR PRINT)

3 SEX

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM ETC 1

21e PLACE OF INJURY

211 LOCATION

NODE 216 HOW INJURY OCCURRED LENIER NATURE OF N. IR. NITEM & PART OR PART.

ITY OR 1 WE

IN CERTIFYING CAUSES OF DEATH?

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

230 BURIAL CREMATION REMOVAL CREMATICN

226 SIGNATURE

10-27-87

CEDAR HILL CREMATORY

22e ADDRESS

DEGREE

SUITLAND RD

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

Woodenard Pd #201 Chiston ho 20735

24 FUNERAL DIRECTOR DHMH = 16 60M 7/84

CERTIFICATION

ROLLINS FUNERAL HOME, INC.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR SSIGNATURA OF THE PROPERTY OF THE PR

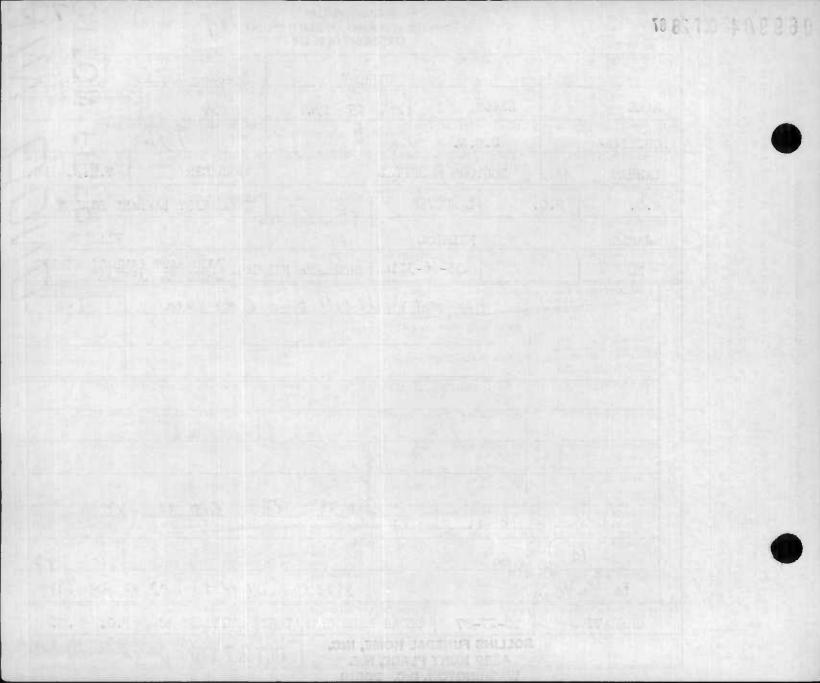
4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

(VRA 15, 4)

BP.

FUNERAL [
Juld be deta

MPORTANT



070080 OCT 20 87 TATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 3 0 2 9 8

Sp. of	EGISTRAR		MED	ICAL EXAMIN	ER'S CERT	IFICATE OF	DEATH REG	NO		
	EASED NAME	FIR I		WIDE	LAST		20 DATE KNOWN OF ESTI	X WOININ	Ar HAR	76 HOUR
	0.17,11.17	Isiah	1		Fitz	gerald	OF ESTI DEATH MATED	10/2	0 19 87	M
3 SEX	4	RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UNDER 1	YR IF UNDER 2		MONTH I	AY YEAR	4:13
M	ale	Black	The state of the s	1894 92 YR	MOIST DA	HOURS .	PRONOUNCED DE AD	10/2	0 9 87	7
	THPLACE I TATE	EOR	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIED X	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
	N. C.		USA		WIDOWED [			eorge's	County	MD
10 CIT	Y OR TOWN OF	DEATH		ITAL, NURSING HOME	OR OTHER INS	TITUTION	120 USUAL OCCUPATION	PE OF WORK 126	KIND OF BUS	SINESS
Ну	attsvil:	le	630 Sher	ridan Stree	et, #109		Retired	U	nknown	
	RESIDENCE IF			RESIDENCE BEFORE ADMISSION		SIDE CITY LIMITS?	13e STREET ADDRESS	CK	1078	2
Ma	ryland	Prince	George's	Hyattsvil			630 Sheridan	Street	, #109	~
14 FA1	THER S NAME		MIDDLE	LAST	15 MG	OTHER'S MAIDEN	NAME		LAST	
]	Mack			itzgerald		Unk.				
	AS DECEASED E	VER IN U.S. ARA		166 SOCIAL SECURITY	NO 17 IN	FORMANT	ADDRE	SS		
			No	239-18-76	08 M	rs. Effi	e Fitzgerald/	wife/sa	me as	13e
			y ane cause per line fo	ar (a), (b), and (c)					APPROXIMATE BETWEEN ON ET	
	PARTIDEAT	H WAS CAUSED	E CALISE IO ACI	ite myocard	dial dis	ease				
		IMMEDIAT		S A CONSEQUENCE (		CHDC				
	Canditions,	if any, which	1							
1 1		ta immediate		ronic myoca		isease.				
	lying cause	last	DUE TO, OR A	S A CONSEQUENCE C	OF .					
	7 3		(c)							
	PART 2 OTHER SIGNI	FICANT CONDITIONS C	CONTRIBUTING TO DEATH OU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN IN PART	1 0			
0	None									
CERTIFICATION	190 DATE OF O	PERATION	196 CONDITIO	ON FOR WHICH OPER	ATION WAS PER	REORMED?		2	O AUTOPSY?	
TFF	None								YES	NO be
SE .	210 EXTERNAL		216 TIME OF II		21c HOW IN	JURY OCCURRED	LENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 21		
	UNDERLYING	OR CAUSE OF D		MONTH DAY YEAR	None					
V L	21d INJURY OC		21e PLACE OF	INJURY (ATHOME	211 LOCATION	N				
X	WHILE AT WORK	NOT WHILE	STREET, FACTOR	RY FARM, ETC )	STREET		CITY OR TOWN	COUNTY		STATE
-						1				
	22a I certify t		e of the remains descri	ibed above, held an	Autopsy	. Inspection	. Inquiry X	and in my apinia	n	
	death resulted	from Nature	al causes X. A	Accident Sui	cide . H	famicide .	Undetermined manner			
	/	1	0/	/	TIT	LE (SPECIFY)				
	SIGNATURE _	16-64	1/	former	M.D	Deputy	MEDICAL EXAMINER	DATE SIGNED	10/21	/87
	//		1		/	1919 S	Seminary Road			
	EXAMINER'S NA	J.	ohn S. Roge	ers. M.D.	ADDRE		Spring, Mont	gomery	County	, MD
23a BU	RIAL, CREMATIC	N, REMOVAL 23		23¢ NAME OF CEA			23d LOCATION	COUNTY		
(SPI	Burial		10-24-87	Cedar	H-111		Suitland,	L	id s. mm .	115
	NERAL DIRECTO			Journal	******	250 DATE RE		STOLY SHOWN THE	ATURE	14
	Tohn T	Phino-	ADDRESS	12th St. N		ML.L		-		1
E .	JUILL I	<ul> <li>viiitli62</li> </ul>	00. 3015	17th St N	IF DC	2.77	W.			

Contevit of the Starten Street, 1999

Authority of comes sented foreigned

Nohmas . Popegon . H. D. .

Mile Diente Coo. 21, 1094 EZ

A HOLL

Estado Course'm County

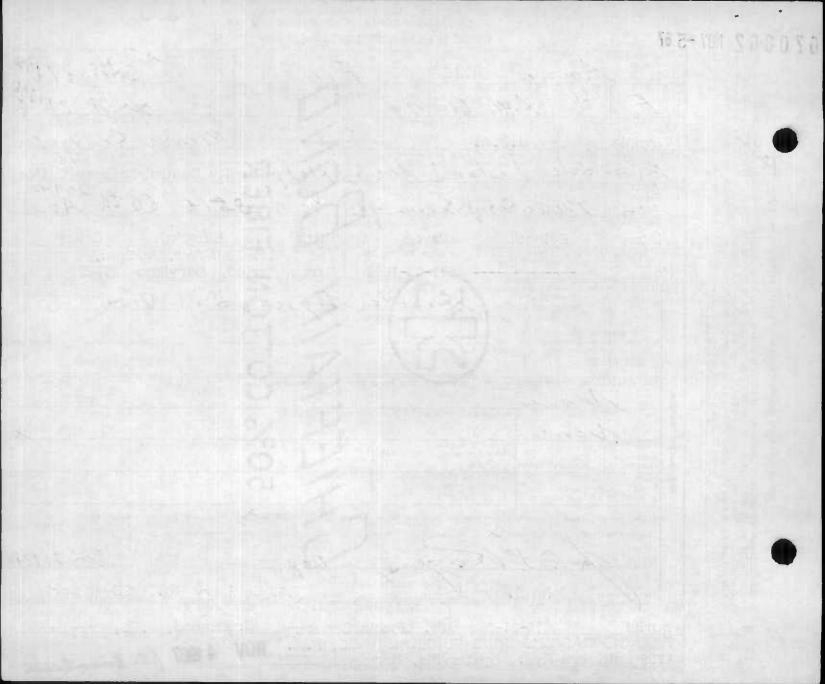
630 Sheetlann Street, Flor

chronic rycondina diecono.

oil ver Spring, Hontequary County, All

Tollar Stope

STATE OF MARYLAND REG NO DECEASED NAME OF ESTI DIXIE DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED To BIRTHPLACE Virginia U.S.A. O CITY OR TOWN OF DEATH NURSING HOME OR OTHER INSTITUTION Quality Control Safeway 4 FATHER'S NAME ANIDD18 Payne Vinton Mittie Elizabeth Bailey Evington 7 INFORMANT 8107 20th Ave Adelphi, No Maryland 20783 577-05-1666 Marian Marino. 18 CAUSE OF DEATH (Enter only one cause per line for (a (b), and (c) APPR TAMATE INTER-AL PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL HEALTH AND MEI AL, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES DEPARTMENT OF PRIOR TO BUR 216 TIME OF INJURY 10 EXTERNAL 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION AT WORK NOT WHILE STREET FACTORY FARM ETC 1 STREET CITY OR TOWN TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 220 I certify that I taak charge of the remains described above, held an and in my apinian death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) John S. Rogers 1919 Seminary Rd., Silver Spring, M 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Burial Ft. Lincoln Cemetery 10-31-87 Brentwood, 17 84 25M "FRANCIS GASCH'S SONS FUNERAL HOME, P.A. DHMH 17 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5 )



69725

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

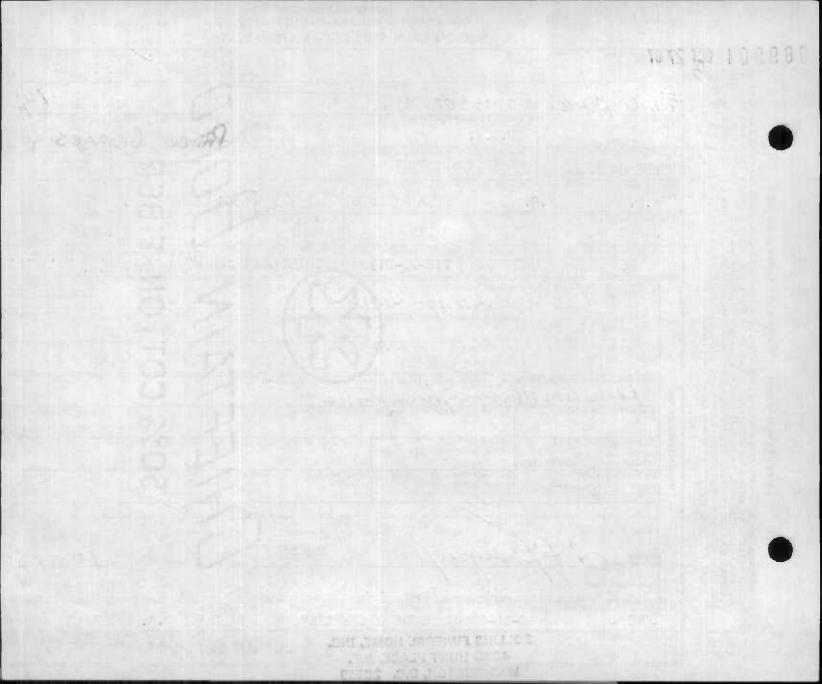
DCT OC		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	
OCT 26	i. DEC	CEASED NAME EIRST	MIDDLE	LAST		DAY YEAR 26 HOUR P
ŧ	(TYPE	ORPRINT)	A T21	LYNN	October 20, 1	987 10:40 M
0.0	3 SE)	<u>Patricia</u>	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDERTYEAR IF UNDER 74 HP
5 5		FEMALE	WHITE	MONTH DAY YEAR 4 11 46	41 YRS	MONTHS DAYS HOURS MIN
Pour Pour	7a Bil	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9	9 BALTIMORE CITY OR COLINT	OF DEATH
font		OUNIRY) Marvland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		ge's MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
# of A	-	Tanham	Octors Hos		(TYPE OF WORK FOR MOST OF WORKING II	Medicine
9	USUA	Lanham	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		21027
only the state of		Maryland Ann	e Arundel Edge	vn 13d INSIDE CITY LIMITS  ewateryes \( \text{No.} \) No \( \frac{1}{4} \)	? 130 STREET ADDRESS / ZIP COD	
2 sh	14 F/A	THER'S NAME	MIDDIE LAST	15 MOTHER'S MAIDEN	NAME	LAST
and ox	1	Thomas	A. Lampro	·	MIDDEE	(Unknown)
lo lo	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
Pag.	()	res noor unknown) (IF yes, gi	ve war or dates) 212449	159 James T.	Flynn same a	
yours your your t, the		18 CAUSE OF DEATH (Enter of	nly one couse per line for 101, (b), a	nd re	- 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on po emo even			TE CAUSE (a) Ruch	is my three	21	30 min
ar ra			DUE TO, OR AS A CONSEOL			
ave ave		Conditions, if any, which	( b) Phy	eumornora	<u> </u>	2442
the remo		gove rise to immediate cause Ia, stating the	DUE TO, OR AS A CONSEOL	JENCE OF		
d by		underlying cause last	(c)			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		ERMINAL DISEASE OR CONDITION GIT	ven in part 1401  minglyma
15/8/	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
has ene	CERTIFICATION	10/16/87	mening	loma		ES NO
ansı Hygi 8 sh	CER	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 21
indi-transport	AL	OR CONTRIBUTING CAUSE OF DE	AIH	19		
d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	LITY OR TOWN	COUNTY
s the	\$	WHILE NOT WHILE AT WORK	TATROME STREET FACTORY, OFFICE	TAKM CIC /		
s ma		22a I certify that (this hosp	oital) attended the deceased from,	10 9 19 0	7 10 10 20	19 5 7 that 1) (we) lost
for u		sow 1 decreased allower of the second	195	7 , and that in (my) (our) opin	non death occurred an the date and ho	ui and from the causes stated
hed ept.		The SIGNATURE A	177	DEGREE		224 DATE SIGNED
AL Dietac		Ned	Bly	MO ATTENDIN PHYSICIAL	G MEDICAL STAFF N DIRECTOR PHYSICIAN	10/21/57
NER be Ste		224 PHYSICIAN'S NAME UNI	demail Alexander	22e ADDRESS		Greenfult
shauld by with the		PRTHUR	LITARSKY	M.D. 7525 GHE	enway Centuron.	MD.
F = 3 3		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	_ COUNTY STATE _
		Burial	10/23/87 M	ayo Mem. UMC C		A.Arundel Md.
16 60M 7/B4		UNERAL DIRECTOR	ADDRES	250	DATE REC'D BY REGISTIVAR 256 REGIS	RAR'S TEN HEL
PA 15 4\	H	ardesty Fune	ral Home, Ann.	apolis. Md. "	23 1987	•

DHMH 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The etained by the haspital or attending physician.

BP.

	1-	FOR STATE REGISTRAR	ME		STATE ENT OF HE XAMINEI	ALTH		NTAL HY		R	3 0 EG NO	.5	j į
89901 oct	27.8	SED NAME FIRE		MIDDLE			FORD				NN PIMO		V YEAR 725 HOU
IS NECESSARY, PLEASE FEUNERAL DIRECTOR. E. S. FOR YOUR FILES. I.W. RRESTON STREET.	3 SE	nale Black	S DATE OF BIRTH	1922	65 YRS.	MONTHS		HOURS A	MIN. PRO	DATE NOUNCED DEAD		oct 10	0 , 87/0
NECESSA FUNERA S FOR W PREST	M	RTHPLACE (MIATEOR ) REIGN COUNTRY ARYLAND TY OR TOWN OF DEATH	U.S.A.		V	VIDOWE	D T	ER MARRIED DIVORCED	9   6	Rince	N (TYPE OF WO	PORO	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	UF	PER MARLBORO	6501 Osl	orne F	Road (	K OTHE	K INSTITUTE			SEVIE		OKK 1120 C	OR INDUSTRY
D. 21201 IF ANY D. 2, AND 3 S. RETAIN SHOULD	13a S	TATE M.D.  ATHER'S NAME	P.G.	UPPE	R TOWN R MARLD	CRO	YES ALONG	NO C	3.6501	OSDCR	NE RD.	. &	0772
AORE, MD. R DEATH. IF AGES 1, 2, RM PM 3, 1 AND 2S N OF VITAL		JAMES	MIDDLE	SMI'			MAR	Y	NAME	MIDDLE		DAR	ETY
HALTIMORE, MD. S. AFTER DEATH. IF G.VE PAGES 1 2, ITH FORM, PM 3, PAGES 1 AND 2, VISION OF VITAL	16a V	VAS DECEASED EVER IN U.S. ES NO. ORUNKNOWN) (IF YES.	GIVE WAR OR DATES)	218-	-20-213		) INFORMA SHIRL		MILTO	3411 WASH	PESC DGI INGTCI	E PAR N D.C	RK RD. S.E
TAL RECORDS: AN W. PRESTON S HOULD BE EXCLIFES WITH S = H- RO. "PENDING" IN FESSION HIEF AND MANNER ACON USED AS A BURGA. IN A SSET PEN OF HEALTH AND MENTAL HYGIEN PAN OF HEALTH AND MENTAL HYGIEN RALL GREMATION OR REMOVE	CERTIFICATION	PART I DEATH WAS CA IMME  Conditions, if any, w gave rise to immed cause (a) stating the ur lying cause last  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION	CONTRIBUTING TO ORATE  CONTRIBUTING TO ORATE  THOSE CONTRIBUTING TO ORATE  THE CAUSE (C. C. C	R AS A CONS	EOUENCE OF	432	- Ja		1 0			20	AUTOPSY?
DIVISION OF VITAL RECORDS  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PE, DIN, PAGE 4 SHOULD BE FORWARDED TO THE THIS MEDICATE, PAGE 3 SHOULD BE FORWARDED TO THE THIS MEDICATE, PAGE 3 SHOULD BE TO THE STATE DEPARTMENT OF HEATH AND STATE DEPARTMENT OF THE STATE DEP	MEDICAL CERTIF	ACTUAL SIGNATURE	OF DEATH P./ 21e PLACE STREET FAI Charge of the reculum	M. MONTH I A. OF INJURY CTORY FARM, ETC	DAY YEAR  19 (AT HOME )  2, held on  Suicid	Autopsy e	Hamicia Deput	Inspection { de	CITAL . In Undetermin	quiry quiry and manner	D/ Sh	ny opinion  ATE	0-10-8
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIM		URIAL CREMATION, REMOV		23c NA	ME OF CEMET	ERY OR	CREMATOR		23d LOCAT	IÓN			
07 84 BP DHMH 17 VR A15 ME 5)		SURIAL UNERAL DIRECTOR NAME	10-16-87 ROLLINS 4339	FUNER/ HUNT	PLACE, I	E, IN		OCT			P.G. N		AND STATE
			WASHI	VGTON,	D.C. 20	0019							



(VRA 15, 4)

87

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO		
15 87		CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE		loren	e LLO	DYD	FREDE	CRICK	October	11,	1987	2:30A
	3 SE			RACE		5 DATE C	OF BIRTH	6 AGE LIN YEARS LAST		IF INDER YEAR	IF NUER AHR
	Fe	male		Caucas	ian	03-0	02-1905	82	YR	5	ALC M
Je -	7a BI	RTHPLACE (MATEOR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF DEATH	
5		ryland		U.S.A.		WIDOW		Prince Ge	eorge	's County	,
B 1	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUP.	ST OF WORKIN	125 KIND C	OF BUSINESS
de -		nham		AMI Do	ctors' Ho	ospita	1	Seamstres	S	Self e	mploye
Nost be	13a S	AL RESIDENCE (IF NUR TATE Aryland	13b COUN	OTHER INSTITUTION	134 CITY OR TOV	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8802 Edn	S / ZIP CO	ODE 20	740
E -		THER'S NAME	p rine	e deo.	Bei wyii	1115.	YES NO		1011310	511, 20	740
Comit		muel		E.	Lloyd		Luella	MIDDLE		Baubli	7
0 /	_	AS DECEASED EVER			166 SOCIAL SEC	URITY NO	17 INFORMANT 5616	Hamilton	Mano		
nedic	No	ES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-01-	8671	Mr. Kinzie				
‡he r		18 CAUSE OF DEA	M (Ento) only	. 500 65140 00			7)			APPROX	IMATE INTERVAL ONSET AND DEA
ent,	М	PART I DEATH V	VAS CAUSEL	BY	(and	0-	Kum man	1 arre	81	BEIWEEN	ONSEL AND LIER
e e			IMMEDIATE	( AUSE (0)	and address		. 00				
D .		Conditions, if any	which	DUE TO, O	A lhy	Sell	Volu hea	art dis	ear	2	
r tro	П	gave rise to im	mediate	,	R AS A CONSEQU						
othe		underlying cause		DUE TO, O	K AS A CONSEQU	ENCEOF					
y, ar						DEATH BUT	NOT RELATED TO THE TERM			GIVEN IN PART I	0 01
in in	ON ON	Chom	Ken	al pa	llire.	N	MANONB	Hepalite	. (9	nanme	a Color
ws any	CERTIFICATION	19a DATE OF OPERA	TION	IM SOUD	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20/ AUTOPSY?	IN CE	YES, WERE FINDI	OF DEATH?
8 ×	ERT	21g. ACCIDENT WAS UN	DERLYING	21b. TIME C	DE INJURY		21c HOW INJURY OCCUR	RED LENTER NA . BE OF L		YES DEPART	NO 🗍
F 7		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. MONTH D			The state of the s			
The The	MEDICAL	21d INJURY OCCUP			OF INJURY	19	211 LOCATION				
o ed	ME		HIIE 🗍		REET FACTORY OFFICE	FARM ETC }	STREET	( ITY OI	NWOT	COUNTY	1 A 1 E
mar		22a I certify that (I		al) attended th	ne deceased from		8-28 108)	to 10	- //	10 87	that (I (wh)
2   15		saw Me decem	and office on	2 /	0.10 19	87.0	nd that in 'my' (our) apinion	death accurred on the	e date and	hour and from the	couses stated
ea		276 SHOPATURE	Jan Jan May	ew the body	offer death		DEGREE			224 DATE	
±		July	1/14	9/2 1	MOMR	cl	ATTENDING	MEDICAL S DIRECTOR PHY	TAFF	10-1	1-87
2 7		THE PHYSICIAN'S N	AME ITTE CH				22e ADDRESS	ed oweelowed the	UICIAI T	1.0 .	,
PORT		Dr. Ste	zan Po	lack			7525 Greenw	av Center	Dr 31	3 Greenb	elt. Me
₹		URIAL, CREMATION		23b DATE	230	NAME OF (	EMETERY OR CREMATORY	23d LOCATION			
		urial		10-15-			Baptist Ch. (	Cem Here	ford	Raltimore	e Md
	2	NONSOG	ASCH	S SON	S FUNE	RALH	IOME, P.A. DA	TE REC'D. BY REGISTR	AP 256 REC	SISTRAR'S SICHA	URL
A 7/B4	47	39 Baltime	ore Av	e Hy	attsville	Mar	vland not	4 / 1007	Julia D	evidour-Mar	locan-

87 1 2 00T 15 87

1941 101 199 990 The second of th

injury, ar ather traumatic event,

IMPORTANT If Item 21 is marked or Item 18 shaws any

0.378

II	em 1.7	,	FILE	90.	33 [	1-12-87	de
1	FOR		per 3	uni	ara1	hone.	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	Liem 17, Film 6633	11-12-B7 dw	STATE OF MARYLAND		
1	FOR STATE	hone	DEPARTMENT OF HEALTH AND MENTAL	HYGIENE /	0.00
Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
111	FIRST FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
145	Minni Minni	e (no mid	dle name) GAGLIA	October 25, 1	987 8:00 P <sub>M</sub>
3	SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
Г	Female	Cauc.	March 18,191	5 72	YRS MOUR MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO		O BATTIMORE CITY OF CO.	
N	New Jersev	U.S.A.	WIDOWED DIVORCED		orges MD
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
L	Lanham	Doctors H	Hospital Of Lanhar		
	SUAL RESIDENCE HE NURSING HOME OF	INTY 131 CITY	ORTOWN 13d INSIDE CITY LIMIT		
L		.GEO. N.C	Carrolltomes k NO 🗆		er St. 20784
14	FATHER'S NAME	WIDDLE	LAST 15 MOTHER'S MAIDEN	NAME	(ASI
	Louis Russ	SO	Lucia	DiPiano	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO 17 INFORMANT	ADDRESS	
	No		5-07-6830 Charles	A. gagli Sr,	same as 13e
Г	18 CAUSE OF DEATH (Enter of	anly one cause per tipe or to	a. yb , and (c)	10 11	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
L	PART I DEATH WAS CAUS	SED BY	dio sulmonay 1	ensy	2 lins
ı	IMMEDIA	DUE TO, OR AS A CO	and the second		
L	Conditions, if any, which	DUE TO, OR AS A CO	ON SECON CE OF		8 duy
	gave rise to immediate		. 110	X a/A	100
L	underlying couse last	DUE TO, OR AS A CO	incomit of omme	in Dect soils on	das Impla
L	PART 2 OTHER SIGNIFIC ANT	(6)	TING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1 a
2		<u> </u>	The state of the s	TERMINAL DISEASE ON CONTINU	NOTICE WATER AND THE
T V	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDINGS USED
CEPTIFICATION	10-21-87	Obstru	Vive bandia	YES TO NOTE IN C	CERTIFYING CAUSES OF DEATH?
1 2	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		CURRED (ENTER NATURE OF NUIRT IN TE	
	OR CONTRIBUTION C CAUSE OF B	TAIR	NTH DAY YEAR		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJUR	19 711 LOCATION		
ME	- Multi NOI MHITE	LAT HOME STREET FACTOR		CITY OR TOWN	O INTY TATE
	270 1 certify that (I) (this has	putal) attended the decease	ed tram 10 -18 10	21 10 10 - 25	108 / that ill (we) last
	saw the deceased alive a	10-25	1887 and that in (my) world on	nian death occurred on the date an	d have and from the causes stated
ı	775 SIGNATURE	nati view the body after dea	DEGREE		22c DATE SIGNED
	Luca 1	Danne	ATTENDIN	NG MEDICAL STAFF	100 2/ 07
1	226 PHYSICAN S NAME (TYPE	A de falle a a a a	The ADDRESS	DIRECTOR   PHYSICIAN	10200/
	George	5. Bannin		Line Aug Hent	tsville, MD 20781
22	BURIAL CREMATION REMOVA		<u> </u>		
123	BURIAL, CREMATION, REMOVA	L 23b DATE	231 NAME OF CEMETERY OR CREMATO	DRY Z30 LOCATION	COUNTY

DHMH = 16 60M 7/84

Burial 10/29/87

Gate Of Heaven

Silver Spring, Md.

24 FUNERAL DIRECTOR Rendon/Hale Lanham Fun'l Home 256 DATE REC D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 9013 Annapolis Rd. Lanham, Md. 20706 0CT 30 1987 Julia Darks Julia Danthon Co

(VRA 15, 4)

BP.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR DEL ASED NAME MEDICAL EXAMINER'S CERTIFICATE OF DEATH O DATE KNOWN 'A TYPE OR PRINT) S. OF Helen Geraghtv DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS 6 AGE (IN YEARS DATE Oct. 9, 1898 LA89 Female Caucasian DEAD Th CITIZEN OF WHAT COUNTRY? Maryland U.S.A. Prince Georges O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Clinton OR INDUSTRY Executive Sec. 13515 Livingston Road Fed. Govt. JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince Georges NOXX 13515 Livingston Road Clinton 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Patrick Geraghty Mary McHugh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 578-32-8501 V. Arlene Thacker Same as 13 A-E 18 CAUSE OF DEATH (Enter only one couse DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY-Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART OF PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION

PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR, AFTER DEATH, WITH THE BALLIMORE, MARYIAND 23a BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY Burial 10/19/87 Trinity Mem. Gardens 07 84 Waldorf Charles Maryland 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH 17

STREET, FACTORY, FARM, ETC.1

Accident

Autopsy

Suicide

Inspection

Homicide

(VR A15 ME (5))

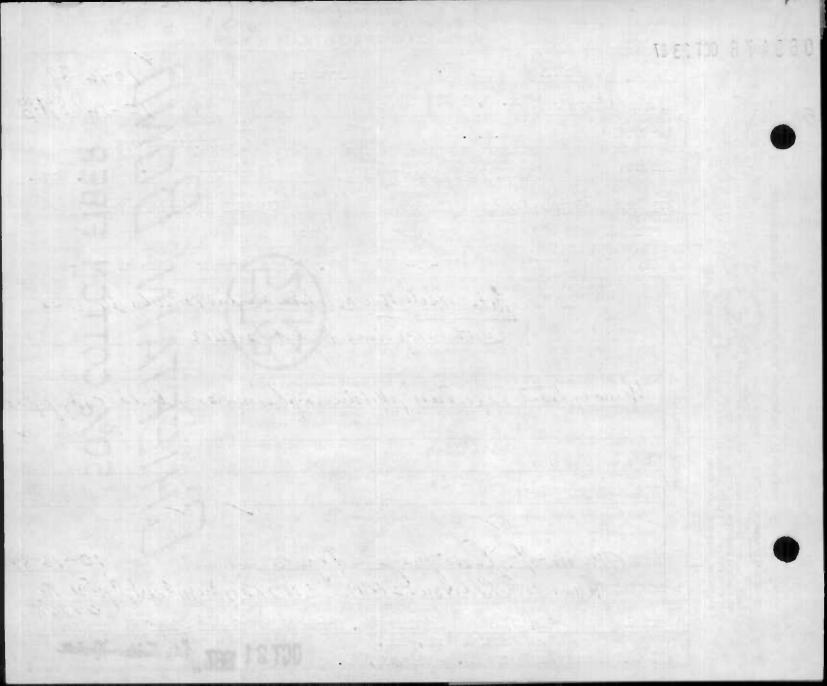
6633 Old Alexander Ferry Rd. Clinton, Md.

22a I certify that I took charge of the remains described above, held on

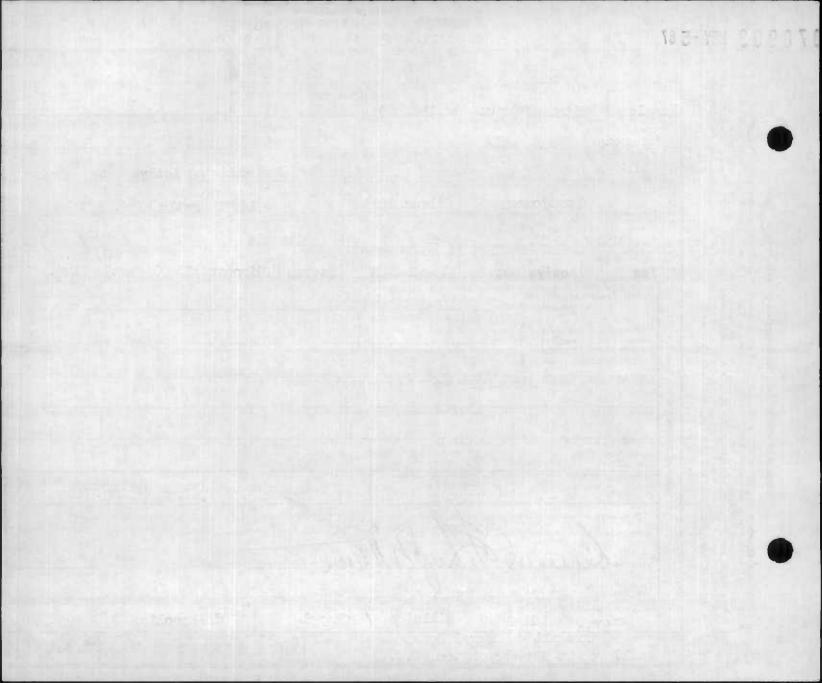
WHILE NOT WHILE T

deoth resulted from:

CITY OR TOWN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 67 STATE REGISTRAR TO DATE KNOWN DECEASED NAME LIVPE OF PRINT OF EST1 JOYCE GIROUARD DEATH MATED Μ. S.1. 2. AND 3 TO THE FUNERAL DIRECTOR PM. 3. RETAIN PAGE 5. FOR YOUR FILES. ND 2. SHOULD BE FILED. WIALLRECORDS, 201 DATE OF BIRTH A AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD 10 - 28 - 871:29F Female White February To BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN CO NIRYI Prince George's County MD Minnesota WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Greater Laurel Beltsville Hospital Enlisted Active Duty Laurel Army 13g STATE COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Silver Spring Montgomery Castle Blvd. Apt NO [] Md. 14031 MD. LA FATHER S NAME 15 MOTHER'S MAIDEN NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE WRITING THE WORD, "PENDING" IN PENDIL IN TIEM 18 GIVE PAGES 1. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT, PAGES 1-AND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF YOUR BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MIDDLE LAST EIRST Melby Claudia Kelgev Charles ALTIMORE Ing WAS DECEASED EVER IN U.S. ARMED FORCES? SS, Md. Steven S.Girouard: 14031 Castle Blvd. #104 Active Duty 475-92-8437 18 CAUSE OF DEATH Enter only one cause per line for (a), b), and (c) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple stabwounds IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) subject stabbed UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INTURY OCCURRED WHILE NOT WHILE X STREET, FACTORY FARM ETC 1 14031 Castle Blvd. Silver Spring, Maryland 104 apartment X Autopsy 220 I certify that I took charge of the remains des Inspection and in my apinion death resulted for Natural causes Undetermined manner DATE SIGNED 10-29-87 SIGNATURE EXAMINER'S NAME Dennis F. Smythy M.D. Penn Street TYPE OR PRINT ADDRESS. 1230 NAME OF CEMETERY OR CREMATORY Hillside F/H Chapel 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE Mn Minneapolis Removal 07 B4 24 FUNERAL DIRECTOMATShall's Funeral Home 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 Julia Tordon Pandale 4217 9th St NW: Washington, D.C. (VR A15 ME (5))



000101	1,	FOR		STATE OF	MARYLAND TH AND MENTAL F	HYGIENE 3	0 3 9 7
168134 OCT	+9	GISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE	OF DEATH REG N	10
. S.S. S.E. E.T.		CEASED NAME FIRST PE OR PRINT)  Mar	yK	. Glorius	LÄST	20 DATE KNOWN OF ESTI	DONIH DAY YEAR 126 HOUR
SSARY, PLEASE RAL DIRECTOR R YOUR FILES. HIN 72 HOURS ESTON STREET,	3 SE		DATE OF BIRTH	VEAD (ACT BIDING AV)	UNDER 1 YR IF UNDER	R 24 HRS 20 DATE  MIN PRONOUNCED DEAD	0 - 2 198748
S NECESSARY, F E FUNERAL DIRE. E 5 FOR YOUR D. WITHIN 72 H	FC	IRTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF WE	HAT COUNTRY? 8 MA	RRIED NEVER MARR	RIED	OR COUNTY OF DEATH
DELAY IS NE TO THE FU N PAGE 5 BE FILED. V DS. 201	10 C	ennessee	11 NAME OF HOS	SPITAL, NURSING HOME, OR C		12a USUAL OCCUPATION (11) FOR MOST OF WORKING LIFE)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
AN DELA		heverly AL RESIDENCE (IF IN NURSING HOME O	PT IVICE (34	VE RESIDENCE BEFORE ADMISSIONI	1 trop 141	Homemaker	Own home
PAN	13a S	aryland P. (		Colmar Manor		3601 43rd Ave	enue 20722
S 1. M	D	ock Sampson	MIDDLE	LAST	Rebecca	EN NAME MIDDLE	Hammond
JRS AFTER DE SING AFTER DE WITH FORM TH FORM TH PAGES I A DIVISION OF THE PAGES I A DIVISION OF	160	NAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 579-01-4242-B	Bernard	W. Glorius (sa	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 11EM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OF PRIOR TO DEVAL.	z	Conditions, if any, which gove rise to immediate cause (a) stating the <u>underlying cause last</u> PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR  OUE TO, OR	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF		Oladio VZS	
HOULD BE E. RD "PENDIN HIEF MEDIC OF HEALTH	ICATIO	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
VISION OF VIT. CERTIFICATE SH TING THE WORR PED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRICK TO BUT	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		MONTH DAY YEAR	HOW INJURY OCCURRE	ED LENTER MATLINE OF INJURY IN TEM 18	YES NO PART 2)
DIVISION  THIS CERTIFIC  E. WRITING THE RWARDED TO PAGE 3 SHOU STATE DEPARY	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME 216 TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINER CUTE THE CERTIFICAT SE 4 SHOULD BE FOR FUNERAL DIRECTOR: FROM THE FROM THE	7	ACTUAL ALIZERS	to P	Accident . Suicide . Suicide . Sourcide . Suicide . Suic	opsy Inspection .	Undetermined monner	DATE 10-3-87 emple Hills, MD
		urial, cremation, removal 2 Burial	Oct. 6,	23c NAME OF CEMETERY 87 Cedar Hil	OR CREMATORY  I Cemetery	23d LOCATION CITY OF TOWN  Suitland  P	G. Maryland
25M BP	24 F	UNERAL DIRECTOR	11730	· · · · · · · · · · · · · · · · · · ·		REC'D. BY REGISTRAR 296 BEG	G Maryland
(VR A15 ME (5)	Fr	ancis Gasch's S	10115		0787	8 1987 4	

198-130 181 196 Macy Ka Glarius -2120 Value Dienter a vist bed fire a comment Charact & Burgar 18-3-01

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO ASED NAME 20 DATE KNOWN X OF BRUCE GOLDSMITH DEATH MATED IF UNDER 24 HRS DATE 7d HOUR LAST BIRTHDAY 10 - 21 - 870:20a16 1966 Cauc. Aug 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland Prince George's County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's County Hospital Cheverly Carpenter Constructio: 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Mechanicsville-Chaptico Rd lechanicsvilles No 🗓 .Mary's 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Mikell FIRST Goldsmith James Elizabeth 166 SOCIAL SECURITY NO. 17 INFORMANT 220-88-1980 Teresa R. Goldsmith "PENDING" IN PENCIL IN ITEM 18. GIVI F MEDICAL EXAMINER ALONG WITH ED AS A BURIAL TRANSIT PERMIT. PAG HEATTH AND MENTAL HYGIENE, DIVISI AL, CREMATION, OR REMOVAL. BE WOOD E PAND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CALISE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF N TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE. BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 710 EXTERNAL CAUSE WAS HOLDE MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 CONTRIBUTING CAUSE OF DEATE 229hrs. 10-19-87 self/inflicted TE PLACE OF INJURY LATHOME 211 LOCATION 21d INTURY OCCURRED STREET FACTORY FARM ETC ) CITY OR TOWN WHILE AT WORK P.O. Box 269 Chaptico Rd. Mechanicsville, Md. livingroom 220 I certify that I taak charge of the remains described above, held an Inspection X death resulted fram: Hamicide Undetermined manner Natural causes TITLE (SPECIFY ACTUAL DATE 10-22-87 MD Assistant Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10/24/87 Trinity Mem Gardens Waldorf, Charles, 07 84 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDREED. O. Box 156 DHMH 17 Huntt Funeral Home (VR A15 ME (5) Waldorf, Md

FOR - STATE

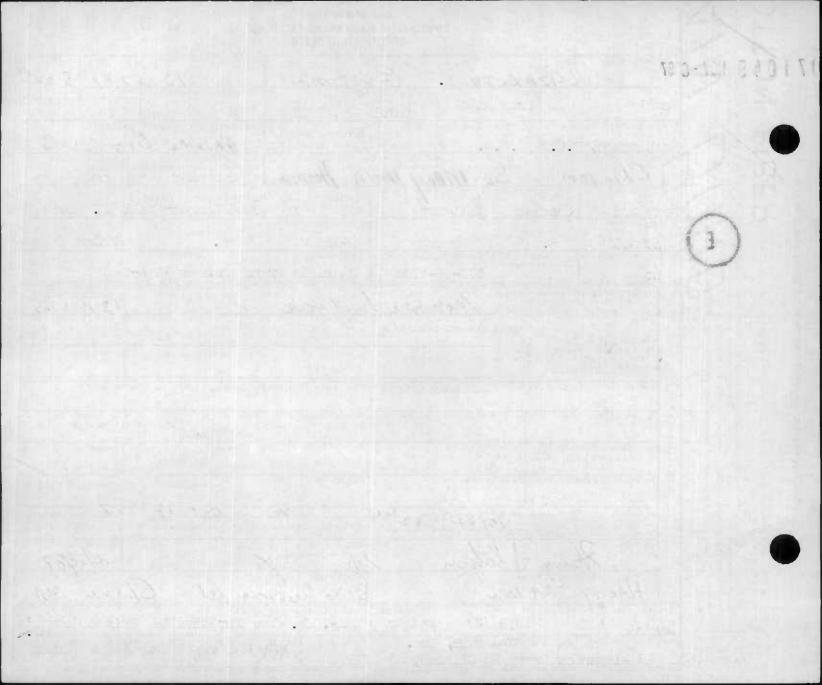
REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

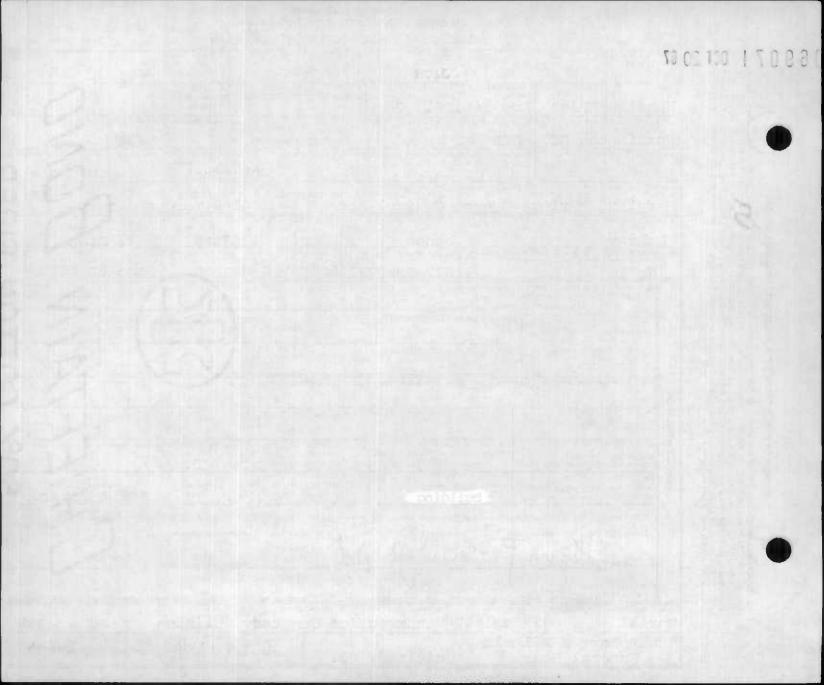
CERTIFICATE OF DEATH

	е.	_	N	0

1.	O NON O	1 DE	EASED NAME	FIRST	MIDDLE		LAS	1	20 DATE OF	DEATH MONTH	H DAY YEAR	26 HOUR
1 24	A SIM -P	0.1.	OR PRINT	1412	ABETH I	. (	40	ODMAN		10	.27.81	5 55 PM
mo)	ter d	3 SEX		4	RACE	5	DATE OF		6 AGE (INY	EARS LAST BIRTHDAY)	IF INDER YEAR	IF INDER A HE
Se 4	rs of	rer	nale		Caucasian			29, 1929	58	Y	YRS.	NO IN MIN
ć.	1 1/1		RTHPLACE   ATE OR	FOREIGN 7	6 CITIZEN OF WHAT CO	OUNTRY? 8	MARRIED	KKNEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF DEATH	
A.	11 / 4		shington,		U.S.A.	W	IDOWED	DIVORCED [	()	MINCL	GEON GO	-S EN MD
1	11 (57)	10 CI	TY OR TOWN OF DE	ATH T		, NURSING F		OTHER INSTITUTION	120 USUAL (	OCCUPATION K FOR MOST OF WORK	126 KIND (	OF BUSINESS OR
)"	11 0 6	B		NI	30-M	Ary	MAN	1) HUSPITH	Home	emaker	. Home	
9	11 300		AL RESIDENCE (IF NURS	J8P1CORNI	TY 13c. CITY	OR TOWN		34 INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP	CODE	00601
sin 2			ryland	Charl	es Wald	lorf		YES NO X		Lanbeth	Hill Rd.	20601
3	CEN	11	FIRST		IDDLE	LAST		FIRST		MIDDLE	E3-16	ST
1	6 64		ichael /AS DECEASED EVER	E.		ers	VNO	Ellen 7 INFORMANT	A	ADDRESS	Edele	en
1	11/1/2	()	ES NO OR UNKNOWN)		WAR OR DATES)	6-1790		Patricia F	'rame Sai		A-E	
9.0	11.14							ratticia	Tank ba			IMATE INTERVAL ONSET AND DEATH
front	244d		PART I DEATH W	AS CAUSED	/ // ^	tastat.	/	un CANCER				MON 7hy
000	ding or particular			IMMEDIATE	DUE TO, OR AS A CO			J'errette				
deoth	ove co		Conditions, if any	, which	( b)	DNSEQUENC	E OF					
the	er fr		gave rise to imit cause a statir		DUE TO, OR AS A CO	ONSEQUENC	E OF					
thot	y by eose ol. cr		underlying cause	last	(c)							
oires	en pl	z	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEA	TH BUT N	OT RELATED TO THE TE	rminal diseasi	E OR CONDITION	N GIVEN IN PART 1	a
200	or to	TIO	190 DATE OF OPERA	LAOIT	196 CONDITION FOR	WHICH OR	CD ATIONI	NAVA S DEDECODATED	20g AUTC	DE V 2 201	IF YES, WERE FINDI	NOS USES
o o	permine print	CERTIFICATION	170 DATE OF OPERA	11014	THE CONDITION FOR	WHICH OF	EKATION	VV AS PERFORMED		IN C	ERTIFYING CAUSES	OF DEATH?
1 Th	onsit Tygie 8 sho	CERT	210 ACCIDENT WAS UN	DERLYING	216 TIME OF INJURY			211 HOW INJURY OCCU	JRRED (ENTERNA	TIRE OF NIUR IN ITE	YES []	NO []
CIAN	ol-tra		OR CONTRIBUTING		HOUR A.M. MON	VIH DAY	YEAR					
HYSI	buri Meri	MEDICAL	21d INJURY OCCUR		21e PLACE OF INJUR			711 LOCATION		ITY OR TOWN	OUNTY	LAIF
JG P	ter t s the h one rked	Σ	WHIE NOTWE	RK	(AT HOME STREET FACTOR	Y OFFICE FARM	ETC }	SIREET			-	1871
NON	R Af			this haspite	al) attended the deceose	d from	Sent	19	o to [	get 27	1987	that (fl. (we) last
ATTE	010 of th			ed alive on _ did1 (did not	view the body after deal	19 8 F	ond	that in (my) (our) opinio	in death occurre	d on the date and	d hour and from the	couses stated
OR be	Direction of the residence of the reside		226 SIGNATURI	/	10-1		DE	GREE	- MEDICAL	STAFF	22c DATE	SIGNED
IT AL	RAL det		234 PHYSICIAN'S N	any	Vague	1	1		DIRECTOR	STAFF PHYSICIAN	10/	29/87
OSP	O FUNE th the S		2/1015	16	171			276 ADDRESS		1	1.	110
TOT	Should be the state of the stat	77. 7	MARTY	100	In pier	Tan NAM	K Of CF	5726 Utcu	XAZY K	ICI	C/. N/ch	Jul J
BF			URSAL, CREMATICAN, PROPERTY	PEMPLANT	10/30/87			Epis. Ch. (			Prince	George's
		24 FU	rial INERAL DIRECTOR	Lee Fi	ineral Home,			25a, D		EGISTRAR 256 RE	EGISTRAR'S SIGNA	INO.
	VRA 15, 4) 663				erry Rd Clin		1d 20	735 N	UV 04	1987	dia Deviden	· Kandall

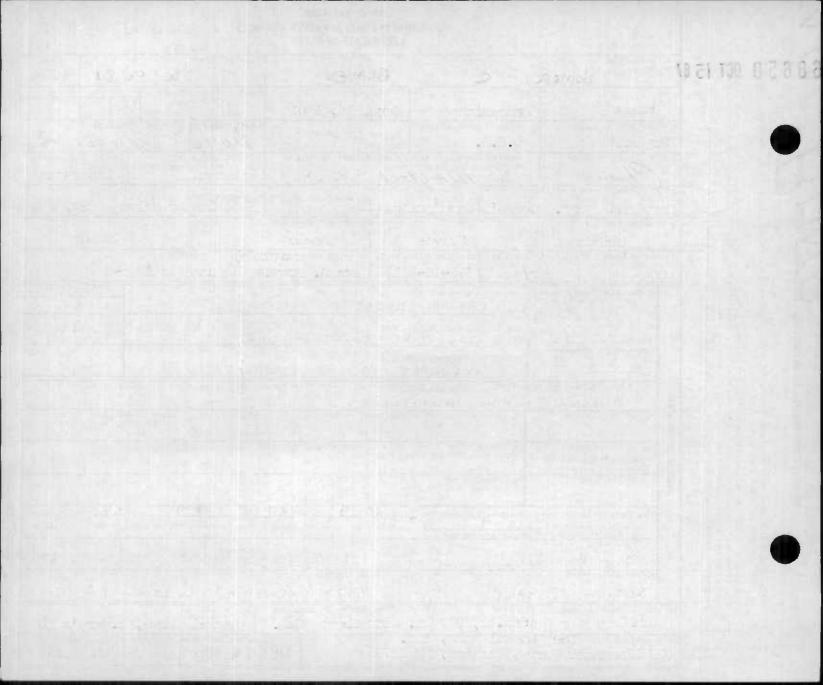


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR G7 CEASED NAME O DATE KNOWN 35 RECTOR R FILES. HOURS KAREN 13 , 87 Jayne GOSHEN DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 20 DATE YOUR YEAR LAST BIRTHDAY 7:40 PRONOUNCED Female White 16 26 YRS 1319 87 Aug 1961 WITHIN PERSTO 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX Washington DC USA Prince George's County IR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY 1400 Nova Ave. Clerical Capitol Heights U S Gov't 20743 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George Capitol Hts YES NO 🗆 4109 Torque Street 14 FATHER'S NAME FIRST MIDDLI Aubrev Goshen Fleming Jean In WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO Aubrey G Goshen -92-2971 Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Manual strangulation IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF EXAMINER Conditions, if ony, which gove rise to immediate A BURIAL TRA couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost WHER: THIS CERTIFICATE SHOULD BE EXECUTEDED.
FICATE, WRITING THE WORD "PENDING":
F. FORWARDED TO THE CHIEF MEDICAL B.
TOR: PAGE 3 SHOULD BE USED AS A BURTH THE STATE DEPARTMENT OF HEALTH A NOD THE ALTH A NOD THAND, 21201 PRIOR TO BURILD, AND LAND, 21201 PRIOR TO BURILD, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH Subject was strangled. 21e PLACE OF INJURY LATHOME II LOCATION STREET FACTORY FARM ETC ) CITY OF TOWN WHILE AT WORK AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 house 1400 Nova Ave., Capitol Heights, Prince George X MD 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide X Undetermined monner death resulted hom Notural causes TITLE (SPECIFY) DATE SIGNED 10-14-87 Assistant EXAMINER'S NAME Mario F. Golle, Jr., M.D. Penn St., Balto., MD TYPE OR PRINT ADDRESS\_ 23¢ NAME OF CEMETERY OR CREMATORY Burial 17Aug1987 Resurrection Cemetery Clinton PG Md U7 84 D BY REGISTRAR 1756 REGISTRAR'S SIGNATUR 24 FUNERAR DE CET E Wilhelm DHMH 17 Suitland, Md. (VR A15 ME (5) Funeral Home



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
OR ATTE	OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page its hospital or oftending physician.	Poge
DIRECTO	DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the funeral direction of the following	direc

		١,	FOR			E OF MARYLAND EALTH AND MENTAL HY	GIENE 3	30311
		-	STATE REGISTRAR			ICATE OF DEATH	REG N	0
0000	007 1-0		CEASED NAME FIRST	WIDDLE	1	ASI	20 DATE OF DEATH	MONTH DAT YEAR 26 HOUR
8650	<b>GET 15 8</b>	TAPE	HOMER	C	GI	RAVES		10 9 87 9 AM
moy	o d	3 SE)		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	RINDAY) IF INUER FAR IF NUER IN
4	rs ofte		Male	Caucasian	Marc	h 16, 1901	86	YRS DATE NO W
Poo	hou i		RIHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	6.1	OR COUNTY OF DEATH
deoth	nero oton	Ma	ryland	U.S.A.	WIDOWE		PRINCE-	Gotoreus Co
Softer 8	by the fulled with	10 C1	WION	11. NAME OF HOSPITAL		PROTHER INSTITUTION HOSP	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesman	
BALTIMORE, MARYLAND 21201	filled in build be f must be	13a S	TATE 13b COUNTY Pr. C		OR TOWN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 5904 Cente	ZIP CODE er Drive 20748
YLA	2 sh		THER'S NAME			15. MOTHER'S MAIDEN NA	AME	
MAR	de d		Clinton	Gra	eves	Annie	WIDDLE	Plumber
RE, L	0		AS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT (T	wife) ADDRI	ess
WO e ex	Poges medico	n		n/a 577-	-10-7318	Eva A. Grave	es same	as 13 a-e
f., BALT	physicion popers. movol vent, the		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	olly one couse per line for 10 D BY TE CAUSE (0) CARD	IAC ARRE	3 T		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
N SI	or reported		IMMEDIA	DUE TO, OR AS A CO				10:4 4 - 27
STO	e offend nove co lation, i		Conditions, if any, which			MEART FAILL	NE	Exped to
PR o	emo emot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO				1000 FLAT 10
No to	by dose		underlying couse last.			IRTERY DIS	ENSE	GAR.
. 20 res ;	an ple burio burio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART 1 a
RDS	The The Injury	0 N	CHIVINIC	1	SUFFICIEN			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The low requires that the death certific ottending physician.	permit ne prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
'ITA	Cote Onsit Hygie 8 sho	ERT	21a ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		
OF V	S certificate hourial-transit puriol-transit puriol transit ritem 18 show		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR			
NO SICA		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Υ	211 LOCATION		
VISIO G PH	the to ond o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR	RY OFFICE FARM ETC )	TREET	CITY OR IC	TATE
2 2 0	Aft se os solth mor		22a I certify that (I) (this hospi	tal) attended the decease	ed from 1	19 8	10 10	1987 that I (we)
TEN	TOR Of He		saw the deceased olive on	10-9	19 8 7	nd that in (my) (our) opinion	death occurred on the d	ate and hour and from the causes stated
hosp hosp	DIRECT Sched f Dept of		obove, (1) (we) (did) (did no 226 SIGNATURE	t) view the body after deo		DEGREE		224 DATE SIGNED
the o	detoclare Detocl		i ilece			ATTENDING PHYSICIAN	MEDICAL STA	
SPITA 1 by	Sto Sto		274 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS		, IAC
O HOS	should be deto with the State [ MPORTANT If		SATISH TU	MANI		39.26 60 17	15 15 GAR	INTU. MD
10	5 € 3 ₹ <del>1</del>		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP.			urial		7 Mt. Zion	Church Cem.	Laurel (	Grove, St. Mary's MD
	14 4044 7 0	24 FU	INERAL DIRECTOR LEE I	ineral Home	The	125a DA		256 REGISTRAR'S SIGNATURE
DHMH (V	RA 15, 46633	01	d Alexander Fe	rry, Clinton	, MD 2073!	5 00	T 1 4 1987	I dia Teridon Randon



)	6	9	4	5	9	OCT	23	FOR TETATE TREGISTRAR
---	---	---	---	---	---	-----	----	-----------------------------

funeral director page 3 thip-72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, as removal. MPORTANT, If them 21 is marked or them 8 shows dry injury, or other traumatic event, the medical

IMPORTANT If them 21 is marked or them

State Anatomy Board

TO HOSPITAL (

BP.

DHMH = 16 60M 7/84

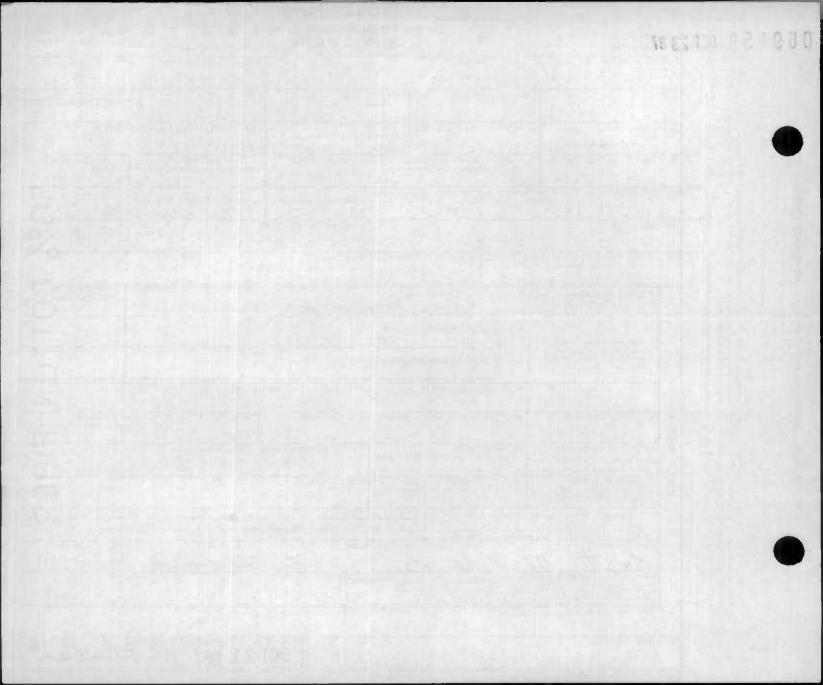
(VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DE	~	NO	-
KI:	(3	INI	

O U REGISTRAR				CERTIF	CATEOLD	EATH		REG NO				
DECEASED NAME	FIRST	٨	AIDDLE	L.	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	7b HOL	JR
THE ORPHINE)	GERTRUI	E F	RANCES	(	RAY		00	CTOBER	14	1987	7.55	n
3 SEX	4 R/		244020	5. DATE C	F BIRTH		6 AGE (IN YEARS	CO THE COUNTY AND A SECOND	IF II	INDER I YEAR	15 1 1542 A R	787188
F		W		MONTH 6	24	86	10	1	RS W DA	Nin At	SIC IN	MIN
BIRTHPLACE (STATE OR	FOREIGN 76 C	ITIZEN OF V	WHAT COUNTRY?	8	D NEVER M	APPIED []	9 BALTIMORE			FDEATH		
MISSOURI		U.S.A	١.	WIDOWE		ORCED	PRINC	E GEO	RGES	S		M
O CITY OR TOWN OF DE			OSPITAL, NURSIN		R OTHER INST	ITUTION	12a. USUAL OCI			126 KIND C	OF BUSINE	ESS O
TEMPLE HI	LLS .	ANDRE	EWS AIR	FORC	E HOSE	PITAL	UNK					
SUAL RESIDENCE (IF NUR 30. STATE	136 COUNTY	RINSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CI	TY LIMITS?	13e STREET ADD	ORESS / ZIP (	CODE		2074	40
MD.	P.G.		TEMPLE		SYES [	МОХ	5708	Janice		ane	2014	45
FATHER'S NAME	MIDDL	.E	LAST			MAIDEN NAM		NIDDIE		IA	st	
	EL ACK					CHRIST	INA LO	UISE I	FELS	SMAN		
(YES NO OR UNKNOWN)	FIN U.S. ARMED		166 SOCIAL SECU		17 INFORMAL		ks - d	ADDRESS	ar.	- s/a		
NO			332-22-	-0600	Lidir	y rar	17.5 CI	augne	- I			
18 CAUSE OF DEATH	TH (Enter only on VAS CAUSED BY	e cause per	line far (a), (b), and	d Ic						BETWEEN	ONSET AND	DEATH
I ANTI DEATH	IMMEDIATE CA		CARDIOPUI	MONAF	Y FAIL	JRF.						
		DUE TO OF	R AS A CONSEQUE	NCF OF								
Conditions, if ony			ATHEROSCI		C DISE	SE						
gave rise to im	mediate	10)			O DIOI							
underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF								
	(	(c)										
PART 2 OTHER SIG	NIFICANT CON	DITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN	IN PART 1	G	
	71011	101 001101		0050.710			T		E WES 1			
190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	V WAS PERFOI	KWED	200 AUTOPS			VERE FINDII VG CAUSES		
190 DATE OF OPERA	IDEALWHIE T	*** TIME OF	F IN LILIDY		21 110111111			0 .	YES [		NO [	]
		11b. TIME OF HOUR A.A	M. MONTH DA	AY YEAR	ZIE HOW IN	IURY OCCURR	ED LENTER NATURE	OF INJURY IN ITE	W F PAR	JRPAK .		
CITE EITHER NOTIFY MED		P.#		19								
21d INJURY OCCUR		21e PLACE (	OF INJURY EET, FACTORY, OFFICE, E	ARM ETC )	211 LOCATIO	N		ITY OR TOWN		CONTY		TATE
AT WORK AT WO	ORK			7.7		07-	17.	V-11-		07		
220.1 certify that A				87 cm	Y	. 19_8/					that & (v	
abave At (we)	did) ( vie	w the body	after death.	, (11		our) opinion o	leath occurred o	n the date and	l hour ar			oted
226 SIGNATURE	1 00			[	DEGREE	TTENDING	MEDICAL	STAFF		224 DATE	SIGNED	
Loull	5 11/8	03	re V.	>	Р	HYSICIAN [	DIRECTOR	PHYSICIAN X	j	14 (	OCT 8	7
228 PHYSICIAN S N					22e ADDRESS							
LOREITA N		EN, CH					USAF ME	D CEN	AAF	B, MD	203	331
BURIAL, CREMATION		b DATE		AME OF C	EMETERY OR C	REMATORY	23d LOCATIO		-	DUND		TATE
Removal		10-14	1-87									
FUNERAL DIRECTOR			ADDRESS			250 DATE	REC'D. BY REG	- 1		- 0		
State An	atomy	Board	Bal	to.,	Md.	UU	121 198	37 Jul	in Di	undern-	Kanda	A.A.

Balto., Md.



	STATE M	MEDICAL EX	KAMINER'S		F DEATH R	O J	13
(1YF	CARNIE	M. DIE		REEN	70 DATE KNO OF ES DEATH MAT	TED 10	27 9 37 16 HOLE
0 0	ale Black	Aug 18 61	26 YRS	DER I YR IF UNDER	MIN PRONOUNCED DEAD	10	27 <sub>19</sub> 87 2d HOU 3:10
BE CITE CITE CITE CITE CITE CITE CITE CIT	OREGON COUNTRY  ashington DC  ITY OR TOWN OF DEATH  istrict Heights	The CITIZEN OF WHAT COUNTRY  II NAME OF HOSPITAL NURS  IF NOT IN TO CHECKITY GIVE SIRE  2112 County Ro	MARRI WIDOW ING HOME, OR OTH		ED X		
130 S Ma	AL RESIDENCE (IF IN NURSING HOME OF STATE 13b COUNT ATT ATT ATT ATT ATT ATT ATT ATT ATT A	OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION)	13d INSIDE (ITY LIMITS? YES NO 1	13e STREET ADDRESS 2112 Coun N NAME	ty Road	LAST
14	ing	Green		Juanita	/		
No.	WAS DECEASED EVER IN U.S. ARN YE NO OR UNKNOWN] (1E YES, GIVE V	(AR OR DATES)	30-0529	Juanita	Washing Green 215		
NO	Conditions, if any which gave rise to immediate cause (a) stating the <u>under-lying cause last</u> .  PART 2 OTHER SIGNIFICANT (ONDITIONS C	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  ONTRIBUTING TO DEATH BUT NOT RELATED	QUENCE OF	OR CONDITION GIVEN IN PAR	T1 o		
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION W	AS PERFORMED?			20 AUTOPSY? YES 21 NO
MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 218 INJURY OCCURRED	21e PLACE OF INJURY	AY YEAR  19 AT HOME, 21f LOG	CATION	O LENTER HATURE OF INJURY IN	rince 9	T 2)
		af the remains described above	held an Autap	y X. Inspection  Hamicide  TITLE (SPECIFY)	Undetermined manner	and in my opin	nion
BALTIMORE, MARYLAND, 2	EXAMINER'S NAME ATIN I			ADDRESS111 I	Penn St., Ba		
2./	URIAL CREMATION, REMOVAL 23 SPECIFY 1  Purial 1  UNRAL DEUCLEY & S	1/3/87 Lin	coln Men	orial Cer	23d LOCATION CITY OR TOWN  Suitla	nd PG	MD

, Items, 184, 215.-224., by STATE OF MARYLAND

Institution, nothing it is allivreers.

Ct. and invest and a value ....

2001

Juniorith N. Freemann

Wil to bretter the teleprocat michael 78/CMI believe

.D.O graduation

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

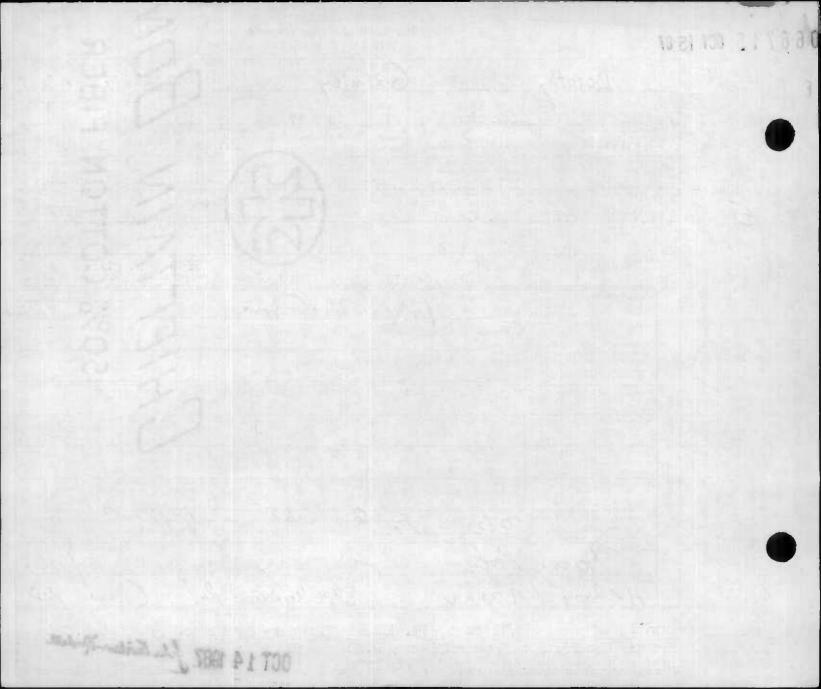
Ч	01	REGISTRAR				CLICITI	TORTE OF DE	74111		REG. NO			
1		EASED NAME	FIR		MIDDLE		ASI		20 DATE OF D	EATH MOI	NIH DA	YEAR	26 HOUR
	IVPE	DO:	rothy	Rı	ıth	(TR	mley			10	08	87	130 A
1	3 SEX			4 RACE					6 AGE IN YEAR	S LAST BIRTHDA	LY) I	F INLIER IFAR	IF JN FR HIRS
	Fei	male		Caucas	sian				60		YRS	· H	MIN
e.			FOREON			8				CITY OR C		OF DEATH	
1						WIDOWE	XX DIV	DRCED [					7410
20	10 CIT	TY OR TOWN OF DE	ATH				OR OTHER INSTIT	UTION	12a USUAL OC	CUPATION	orking life;	126 KIND C	
						d. T	3		Homem	akei		OWII	поше
1							1 13d INSIDE CIT	Y LIMITS?	13e STREET AD	DRESS / ZI	P CODE		0.0==0
	Ma	ryland	Princ	e Geo.	Greenbel	t	YES X	10 🗌	151 W	estwa	V Ro	1. T3	20770
		THER'S NAME							\E		7		
-	Alt		_				_	RST		WILTHE		Elking	
,	_					RITY NO		T	Dall	ADDRESS	II O L Ia		
	l Y	ES NO OR UNKNOWN)			F70 20 F	110	1		()				D 00000
2	140						pames (	rimiey	(son)	Collec	je_Pa		
		18 CAUSE OF DEATH	TH Enter on	ly ane cause per	line fai o . b an	1/ -	7/	(				BETWEEN	ONSET AND DEATH
					1-0	INP a	VIGHT	ave				1276	and America
				DUE TO O	R AS A CONSEQUE	NCE OF							
		Canditions, if any	, which	( b)					-				
				S DUE TO O	DAS A CONSEQUE	NICE OF							
				10000	K AS A CONSEQUE	1400							
		PART 2 OTHER SIG	NIFICANTO	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE (	OR CONDITI	ION GIVE	N IN PART 1	
	Z												
-	ATIC	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOP				
	F								VECT N				
_	ERT	31a ACCIDENT WAS UN	NDERLYING F	21h TIME C	DE INJURY		121c HOW IN I	IRY OCCURRE					140
			_	110110		AY YEAR		on occonn					
	CA					19	1011						
	VED.					ARM ETT 1	THE LOCATION	4		ITY R TOWN		OUNTY	TAIE
	_	AT WORK NO. W	ORK					0.00		-/-	10	00	
		22a L certify that (	(this haspi	ital attended	te deceased from		6	19	to		181	901	that I (we last
		the decea	sed alive on	4/		, 0	nd that in (my)	our opinion d	eath occurred	an the date	and have	and from the	causes stated
		The Sign ( )	/ Grantara no	18			DEGREE					22c DATE	SIGNED
		No	Lun	Kert	in				MEDICAL	STAFF	٧N	16	19/87
		ZZE PITTSICIAN'S N	AML I I	organis O				-		2 1		21 /	1 1
		See   Caucasian   12   19   17   18 AIMORE CHTY OR COUNTY OF DEATH   10 AIMORE CHTY OR TOWN OF DEATH   11 AIMORE CHTY OR TOWN OF DEATH   11 AIMORE CHTY OR COUNTY OF DEATH   12   19   17   18 AIMORE CHTY OR COUNTY OF DEATH   11 AIMORE CHTY OR TOWN OR DEATH   11 AIMORE CHTY OR COUNTY OF DEATH   11 AIMORE CHTY OR TOWN OR DEATH   11 AIMORE CHTY OR COUNTY OF DEATH   12   19   17   18 AIMORE CHTY OR COUNTY OF DEATH   12   19   17   18 AIMORE CHTY OR COUNTY OF DEATH   19 AIMORE AND DIVORCED   18 AIMORE AND DIVORCED   18 AIMORE CHTY OR COUNTY OF DEATH   19 AIMORE AND DIVORCED   18 AIMORE CHTY OR COUNTY OF DEATH   19 AIMORE AND DIVORCED   18 AIMORE CHTY OR COUNTY OF DEATH   19 AIMORE AND DIVORCED   18 AIMORE CHTY OR COUNTY OF DEATH   19 AIMORE AND DIVORCED   19 AIMORE AND AIMOR											
	22		/ /	1201 5.25	122	LAAF OF C	TO / Z C		1234 10001	ION		17.7070	
	1	DE LIEV.	i, removal						CITY OR	TOWN	D.	LOUNT	AAD
								metery	Brent	wood	Prin	ce Geo	MID
	平科	affeis Cas	ch's S	Sons Fu	neral Hor	ne, P	.A.	ZSO DATE	KECD BY REC	SISTRATITAL		Adom Karly	a pr

DHMH 16 60M 7 /84 (VRA 15, 4)

4739 Baltimore Ave. Hyattsville, MD 20781

BP.

MPORTANT If Item 21 is morked or Item 18 shows ony



#### STATE OF MARYLAND

7	30	OCT	5	FOR 67 TATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG NO.	> 0 3	· ·		
				DECEASED NAME	FIRST		MIDDLE	, l.	AST	20 DATE OF DEATH MONTH	UAY YEAR	2b HOUR		
pe	page 3	ب	7	YPE OR PRINTS	1463	1	F	11	MAS	10	09 00	10101		
ò	de	)	1	SEX	1116	4 RACE	<u></u>	5. DATE O	(11/62)	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER S SEAR	18/1M		
E	ter s	1	2 3.	-1		4 RACE		MONTH	DAY YEAR	AGE (IN TEARS LAST BIRTHDAT)	MONTHS DATS	HO R MIN		
ge	ecto urs o				1	CAL	LC,	11	07 96	70 YR	s			
9	p oq	163	70	BIRTHPLACE TATE OR E	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEATH				
hath	722	15/		Washington,	DC	U.S.	Α	WIDOWE		Prince George		440		
de	3 4	20 1		CITY OR TOWN OF DEA					R OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR		
ofte	d th	清人	1 m	alvena Danie		(IF NOT IN SUC	H FACILITY, GIVE STREET .	ADDRESS)		TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY			
270	tle tle	19_	100	akoma Park			gton Adve		Hosp.	Administrator	US	Govt.		
24 ho	ould be	The state of the s	130	UAL RESIDENCE (IF NURS STATE arvland	Mont	ITY	13t CITY OR TOW Silver S	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 12325 New Hamps		2904		
rit.	人	1	200	FATHER'S NAME		•	022.01	, b1 1116	15 MOTHER'S MAIDEN NA		PILLE WAS	-		
3	plet	180/	3)	Elmer	,	MIDDLE	Tmlozz		FIRST	MIDDLE	LAS			
red	E 9	C8/C	>			E.	Imlay		Mary	Georgia	Dav			
Xec	bud	377	S 160	(YES, NO OR UNKNOWN)			166 SOCIAL SECU		17 INFORMANT		033 Ridge			
96	0 0	a B	0	yes	WW	WAR OR DATES)	579-62-5	1442	Marjorie E.I	mlay (Niece) Be	ethesda, M	ld. 20816		
te	Sicio	to the		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for a) (b) and	die .			APPROX	IMATE INTERVAL ONSET AND DEATH		
oth certifica	phy	ent ent	3	PART L DEATH W	AS CAUSEI	D BY	Sam	-10	man lo bat	restrain.	1) 1	0440		
	ng	rer re	0		IMMEDIAT	E CAUSE (a)	7,00	1900	110000000000000000000000000000000000000	4-0007	100 17	· VVV		
	pue	n. o	3			DUE TO, O	r as a conseque	NCE OF						
de	offe	roun	3	Conditions, if ony, gove rise to imm	which	(b)_								
the	the	er t	3.	cause to, statin	g the	DUE TO. O	r as a conseque	NCE OF						
hat	by	事	4	underlying couse	last	(6)								
es +	p o o	0		PART 2 OTHER SIGN	NEICANT C	ONDITIONS	DATRIBUTING TO F	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0		
200	sign and hen	9 6 3	Z			7	7 - 1-11	-	T- 1/2 1	DI - 2 4	OIVEIN IN PART TO			
e	0 =	0 2	CERTIFICATION	190 DATE OF OPERAT	ION	10h COND	TION SOBWING	COLOR	N WAS PERPORMED	700 AUTOPSY? 20b IF	YES, WERE FINDIN	ICS USED		
0	erm	a #	0	LING DATE OF OPERAL	1014	170 COND	ILIOIA LOK MUCH	OFERATIO	N WAS PERFORMED		RTIFYING CAUSES			
The	9 3	a d								YES NO	YES [	NO []		
Z	cot	J SO C	Ü	210 ACCIDENT WAS UND		110110 1		V VEAD	21¢ HOW INJURY OCCURE	ED CENTER NATURE OF INJURY IN ITEM	8 PART RPAR			
CIA	0	EVE !	A	OR CONTRIBUTING C		114		19						
14.S	S comp	We We	MEDICAL	214 INJURY OCCURE		21e PLACE			211 LOCATION					
IG Pt	ter th	rked	W	WHIE NO'WH	ILE	(AT HOME STE	PEET FACTORY OFFICE F.	ARM ETC }	STREET	CITY OR TOWN	OUNTY	JTA1		
0	Se At g	and and		220 I certify that (II)	this hospit	oll ottended th	e, deceased from_	9	() U 19	10 900	19	that Chewerlost		
E .	0 0	H T	2	saw the decease	d alive-on.	400	19	6_, an	d that in (my (our) opinion o	death accurred on the date and	hour and from the	causes stated		
A	P P P	± E		abave (1) (we) (c	lid) (aid nat	www the body	alter death		DEGREE		22t DATE			
NO 1	I DIR	# He Dep	)	and storm one	111	1		1	M ATTENDING	MEDICAL STAFF	100	it.		
TIG	ER d	Stor A	-	22d PHYSICIAN'S NA	ME ITH OF	PRINI			22e ADDRESS	DIRECTOR PHISICIAN	1//	1/		
SOS	NO P	the ORT		Michael	1 1	-1 -	11		1/12-11-110	L. 1 ()	41 2.	P -		
O	have	w th the	_	1,10,00		/ / / /			111 corcer jai	All was sill san	19 4	907		
-	- 5		230	BURIAL CREMATION	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
В	P		C:	remation		Oct.10	0,1987 Me	tropo:	litan Cremato:		Virginia			
DHA	MH = 16 60	DAA 7/04	24	FUNERAL DIRECTO	Joh	FI	1.11.0		250 DAT	-11		UKA2		
DITIV	(VRA 15,			DeVol Funer	Hor	ma 2222	Wise Ave	NW W	ash DC OCT	1 1 1087 giller	Jerragen - 1			

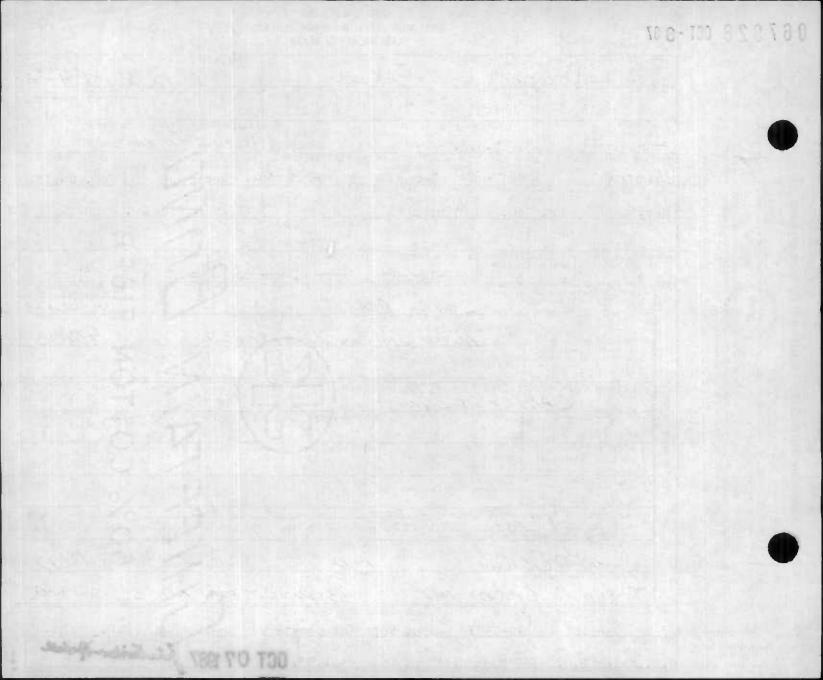
The board of the state of the s Horrison State States London or a Child New Manuschice Ave. Towks the control of Giografia (atera) della di control della di tela (atera) della di control di control della di control della di control di control della di control della di control di con can all ally sled seed and seed in the constant of the late and the can Takes I wrongs them are the Ave. The OCT 14 1987, St. Suider-Aprile

#### STATE OF MARYLAND

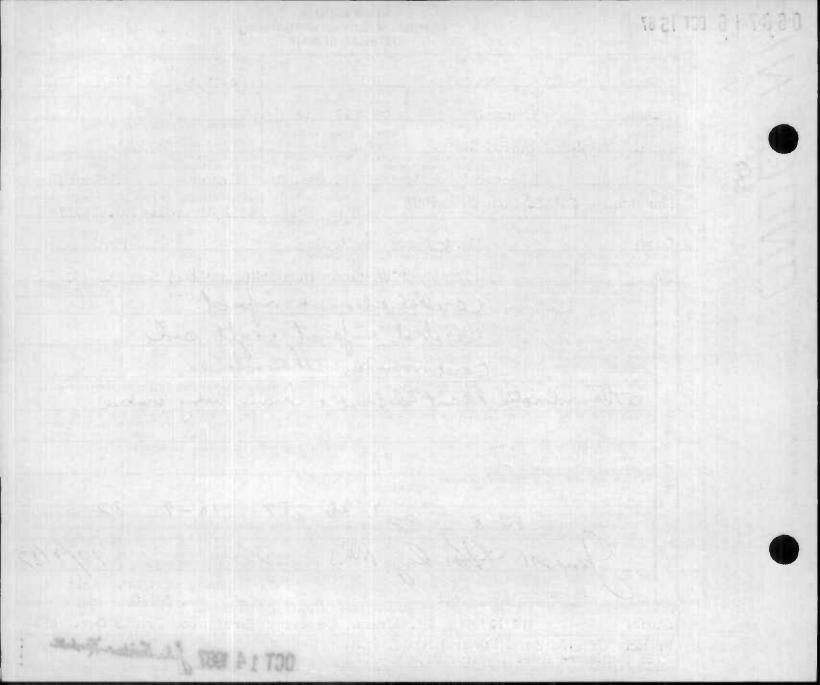
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 0

4		REGISTRAR			CERTIF	ICATE OF L	PEATH		REG. N	10				
ł	1 DEC	EASED NAME FIRST	٨	NDDIE	, t	AST		20 DATE	OF DEATH	MONTH	DAY	YE AR	26 HOUR.	
1	TYRE	OR RRINT]		1	LAAL	GION				1	_	(0)	158	}
1		LORG	THY	L. 1	THN	DURY				10	5	87	92	9M
1	3 SEX		4 RACÉ		5. DATE C		WE . D	6 AGE II	IN YEARS LAST B	RIHDAY)	IF INDE	RIYEAR		MIN.
		Female	White		12	6	1921	65		YRS	1.0		1101140	VIIIV.
1		OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE I	NEVER /	AAPPIED T	9 BALTIA	AORE CITY	OR COUN	TY OF DE	EATH		
	Pe	nnsylvania	U.S		WIDOWE	DX DI	VORCED [	FRIA.	-	TEUR	1985			MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	DDRESS)	ROTHER INS	ITUTION		ORK FOR MOST			KIND OF	BUSINESS	OR
		INTON	200 THE	KIN MARYL	MAND	HOSPITT	4/ (ENIC)		Retire	d	F	ed.	Gov't	
-	USUA 13a S	TATE 136 COU	NTY	GIVE RESIDENCE BEFORE :	ADMISSION]	13d INSIDE C	ITY LIMITS?	13e STREE	ET ADDRESS					
	Ma	ryland Pr.	Geo.	Clinton		YES 💢	NO 🗌		29 Den		r.	207	35	
1	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	ΛE	MIDDLE			LAS1		
1		David		White		1	lizabet	h	7110011		Ne	lson		
		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMA	NI		ADDE			5		
		No No	IVE WAR OR DATES	167-18-5	406	Harry	D. Han	bury	7005 Temp	King le Hi	ston	Md.	2074	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per	line far (a , b , and								APPROXIA	MATE INTERVA	ATH
			TE CAUSE al	CARIBO	AR	ResT					/	MAR	DINT	-
1			DUE TO, OF	AS A CONSEQUE	NCE OF							1.		,
		Canditians, if any, which	( b)	Acute,	41V00	CARDID	LINI	ORCZ	isw			76	BYS	,
1		gave rise to immediate cause a stating the	DUE TO OF	AS A CONSEQUE	NCEOE									
1		underlying cause last	16)	7,077,020,020,020										
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	nal Dise	ASE OR COM	VDITION G	IVEN IN	PART Ita		_
	CERTIFICATION	CA	NCEr	IFLUN	10-									
7	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AU	JTOPSY?	20b IF Y	ES, WERE	FINDIN	GS USED OF DEATH?	,
	TIE							YES [	NON		YES 🗌		NO [	
2	CER	21a ACCIDENT WAS UNDERLYING		INJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED LENTER	NATURE OF IN	URY IN ITEM 18	PART OR	RART 2)		
/	AL	OR CONTRIBUTING CAUSE OF DE	210		19									
1	MEDICAL	21d INJURY OCCURRED	21e PLACE			21f LOCATIO	N		CITY OR T	OWN	(0)	UNITY	STAT	T F
1	2	AT WORK AT WORK	(A) HOME SIK	EET FACTORY OFFICE FA	RM ETC )	integr			1					
1		22a I certify that (I) (this hasp	nital attended the	deceased from_	JULY		19 79	10 6	Jr 5		19 8	7 . 1	hat I (	last
ı		saw the deceased alive a abave (1) (we) (did) (did)		ofter death	12. an	id that in (my)	(oxr) apinian d	leath occu	rred an the a	date and ho	aur and f	ram the c	auses state	d
		22b SIGNATURE	or view the body	arier dedin		DEGREE					22	A DATES	IGNED	_
		Joseph P (	bur		-	MO"	PHYSICIAN (	MEDICA DIRECTO	OR PHYSI	CIAN [		10/	5/87	1
Ī		THE PROSICIATE S NAME (TYPE	OR PRINT			22e ADDRES		-						
		JUSERH P.	CPR45	0 MD		9/31	P1301	PTPL	My M	0	CUI	~ Tra	MO	3
		URIAL, CREMATION, REMOVA	23b DATE	23c N	AME OF C	EMETERY OR	REMATORY		CATION		COUN	TY	STAT	TE.
	94 50	Burial	10-7-8	7 Md.	Vete	erans C	emetery		helten		P.G		Md.	
	24 FU	NAME		ADDRESS			005	REC'D. B	Y REGISTRAI	Tulia .			THE WALL	
	G.P	Kalas F.H. 6	160 0xon	Hill Rd	0xo	n Hill,	Md.	07	198/	runar	man fam			



68716 OCT	1	0.7			STATI	OF MARY	LAND			200	-	
68716 OCT	17.	B DR STATE		DEPART			MENTAL HY	GIENES ,		3	U	1
		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO	)		
		CEASED NAME FIRST		WIDDLE	l.	AST		20 DATE O	DEATH	MONTH	DAY YEAR	26 HOUR
page 3	(TYP)	MARY	CC	DRALIE	HΔ	NUS		Octo	ober	9	1987	12:40P
yor ob	3 SE		4 RACE	MALIL	5 DATE C				EARS LAST BIRTI		IF UNDER 1 YEAR	E IF UNDER 24 HRS
offe of the	L .	mala	Carra	sian	MONTH	4	YEAR	71			MONTHS DATS	HOURS MIN
0 PO X		male RTHPLACE (STATE OR FOREIGN	Caucas	STAN  OF WHAT COUNTRY?	06	29	16	9 BALTIMO	RE CITY OF	YRS.	TY OF DEATH	
rial 72 h		EOUNTRY)					MARRIED -	-	-	_		
9 5 6	10.0	orth Carolina	United	States DE HOSPITAL, NURSIN	WIDOWE		STITUTION		cince			OF BUSINESS OR
100 X 2		on to the of beating	(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)			TYPE OF WOR			LIFE) INDUSTRY	
10000	415.61	Lanham AL RESIDENCE (IF NURSING HOME OF	Docto	ors' Hospi	tal of	Pr.	Geo. Co	. Dri	ver		Scho	ol Bus
2 11 2/				. Riversion Ce Before		134 INSTRE	CITY LIMITS?	13e STREET	ADDRESS /	ZIP COD	DE	
6 11 10			ce deo.	, itiverdan	-	YES X	NO []		River	dale	Rd. 20	17.37
1 19/17	14.77	ATHER'S NAME	week	1800		IS MOTHER	ES MAIDEN NA	- BM	HIDDE		144	est.
1 1/60	De	ean		Montgome	erv	Hatt					Ford	
9 94 97	Inc. V	VAS DECEASED EVER IN U.S. A	RMED FORCES	166 SOCIAL SECU		17. INFORM	ANT		ADDRE:	55		
NG PHYSICIAN. The list legalite that the death certificate be executed within 34 after this certifies to the list. I have the after the death certifies and certifies to the surround mental training period to the surround mental training period to the certifiest that the certifiest that the medical execution is the medical experiment.	No		INT WAS CALIFOLD	579-09-1	1836A	Linda	Rurds	all(day	chter	1 50	me as	#12
2 04 4	-	II. CAUSE OF DEATH /Enter of	only over course		dies	Limitation	Duida	. /	· ·	1 -10	I SPRED	EWATE HITTEVAL CONTET AND DEATH
9 2801		PART L DEATH WAS CAUS	SED BY	Corelio	les	lava	+ 1	whore	1		HI.WILLS	SPERT WILLIAM
1 22 1		IMMEDIA	ATE CAUSE ID.			1		1	-		_	
1 2837			DUE TO	QUAS A CONSTQUI	ENSE OF	ila	.7.	- h	- 0.	2,		
40 40 00		Conditions, if any, which gave rise to immediate	( 10)	Sour-	- /-	- for	-CA	color	/	0		
4 4813		couse tall stating the	DUE 10.	OR AS A CONSEQUE	ENCE OF		-the	00	140			
2 4878	A.	anderlying course last	( 10)	Cerelino	rocus	ten c	Leven	sexen	was			
1 1011		PART 7 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	APNAL DISEAS	OFCOND	ITION G	IVEN IN PART 1	10.
1 7741	o.	alphonorell	notic	Reant -	disa	ase 1	- cho	mic )	chang	de	sace	
1 11111	3	19st DATE OF OPERATION	196. CON	NOTION FOR WHICH	OPERATIO	WAS PERF	CHMED	20e AU1	OPSY?		ES, WERE FIND TEYING CAUSE	
21 251 EX	1							HS []	NOUL		rts []	NO []
78 1125	CERTIFICAL	21s. ACCEST WAS UNDERLYING	Street, Square Street	E OF ≥43URY	with Table Science	23r. HOW I	NJURY OCCUR	RED CONTRACT	CHIEF CO PUBLIS	CHATTER OF	FART COLPARED	
35 117		DR CONTRIBUTING CLEANER OF D	6,8114	A.M. MONTH D	TO TEAR							
24 734 7	MEDICAL	714 INJURY OCCURRED	Zie PLAC	CE OF INJURY		2H LOCAT	ICIN.					
25 127 1	2	AT HOME CO. STORES	(47 mbag	shart factors only a	CARM STC 5	500	O :		ERF OF TON	90	COUNTY	1,0404
\$1 456 F				(4-1	0	- 26	P7	-	1 -	9	85	
N N N N N N N N N N N N N N N N N N N		77s I certify that (I) (this hose saw the decepted alive of	10-	B 104		CONTRACTOR OF STREET	a) (dust) promises	double second	al on the do	to mod he	our and from the	that III (we) last
E # 5555		ottove. (I) pre-kdid) (did s	of view the bo	dy altry death.			(Carry Menine			-100,000		A STATE OF THE STA
8 8 8 8 8		77% SIGNATORE	10	(W 1)	7	CIVI	ATTENDING ,	MEDICAL	STAR		27c DAR	7/0/0-
41 4856		Kenes	n -	forde	no 1	0000	PHYSICIAN 4		PHYSIC	AN []	1	1 (18)
5 7 7 7 7 7 /	1	274 PHYSICIAN'S NAME (199	(OCHRES)	1		22± ADDRE	55 752	5 Green	man C	p.w.	Dr. #3	116
A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		James	Harding	g. M.D.	~							10.
54 5423+	23a	BURIAL, CREMATION, REMOVA		The last terminal and	NAME OF C	EMETERY OR	CREMATORY	enbelt 23d LOC	ATION			
BP		ürial	10/12				emetery			Pri	nce Ge	o. MD
UI	<u></u>											
DHMH - 16 60M 7/84		andis Gasch's					005	1 A M	07	Sia De	TRAR'S SIC	War .
(VRA 15, 4)	4/	39 Baltimore A	ive. Hy	actsvine,	MD 2	0/81	18168	14	DI	7100		



068244

poge 3

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

-Q R7EGISTRAR		CERTIFIC	ATE OF DEATH	REG NO.	
1 DECEASED NAME (TYPE OR PRINT)	MIDDLE	LAST		20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
Pua,	utou A	Harri	Care	10/0	6/87 734
	RACE	S. DATE OF	No.	6 AGE LIN YEARS LAST BIRTHDAY	Y IF INLIER YEAR IF INLIER, 3
1 crece	white	ite P/27/04			YRS A HOURS A
	CITIZEN OF WHAT COUNTE	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
n al	America	WIDOWED		Prince Geor	rge's
10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR  LIF NOT IN SUCH FACILITY, GIVE STE		OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
Chilon	PLANNET	Mare	cryte, do d	Housewife	ORKING LIFE) INDUSTRY A
USUAL RESIDENCE (IF NURSING HOME OR O' 130 STATE 135 COUNT			d INSIDE CITY LIMITS?	13e STREET ADDRESS ZIF	CODE 85 11208
and The	4 Clan	Top .	YES O NO	8600 Miles	. 1 / 6 )
	DDLE LAST		MOTHER'S MAIDEN NA	ME MIDDLE	V ANY
Benjamin	Wilkin	ison	Ann	L.	Wible
160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SE		INFORMANT	6704 Fu	lford St. Maryland
No	578-0	1-99831	Margaret E. 1	Bubb Clinton	, Maryland
18 CAUSE OF DEATH (Enter only PART ) DEATH WAS CAUSED	ane cause per line for (a), (b)	and ic	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRAINTEN	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 a
O LA	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b	LET YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
	216 TIME OF INJURY HOUR A.M. MONTH P.M	DAY YEAR	TE HOW INJURY OCCURE	RED CENTER NATURE OF INTURY IN	ITEM 18 PAR" DRPAR"
OR CONTINEDING LAUSE OF DEATH  (IF ETHER NOTHS MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTH WHILE AT WORK  AT WORK AT WORK	21e PLACE OF INJURY		IF LOCATION STREET	ITY OR TOWN	OUNTY TAT
220 I certify that (I) (this hospital saw the deceased alive on above (I) this (dig) (did not)	10/5 19	y and		death occurred on the date a	19 7 that 1 (we)
THESIGNATURE	<u></u>	DE	GREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	276 DATE SIGNED
THE PHYSICAL STRAIGHT	Q-2	11			- ( ) ( ) /
STAL PHYSICALYS NAME INFO	MOSTAI	7~	2e ADDRESS 42352	6 5 m	- mol 200
230 BURIAL CREMATION, REMOVAL (SPECIFY) Burial	10/9/87 M	RENAME OF CENTER. Olive	4235 2 ETERY OR CREMATORY et Cemetery	23d LOCATION Washington EREC D. BY REGISTRAR 7356	n, D. C.

DHMH 16 60M 7/B4 (VRA 15, 4)

BP.

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES / 3 )

6 9 001 15	81	REGISTRAR				CERTIF	CATE OF DEATH		REG	NO			
oge 3 deoth		CEASED NAME ORPRINT)	FIRST		L.		HARRIS	2a D/	ATE OF DEATH		01-87	2ь нои 6 :1	OAM M
rs ofter do	3 SE	Male		1 RACE Blac	k	5 DATE C	DAY YEAR	6 AG	65	BIRTHDAY)	IF UNLIER LYEAR		W (N
Sign Spoon		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	S.A.	MARRIEI WIDOWE	NEVER MARRIED		INCE G		S COUNT	Υ	MD
not he min		TY OR TOWN OF DEA	TH .				ROTHER INSTITUTION ITAL CENTER	_jtyPE_	SUAL OCCUPA OF WORK FOR MOS OOTET		Const	ruct	
merst be	13a S	AL RESIDENCE (IF NURS	13b COUN	11A	GIVE RESIDENCE BE		13d INSIDE CITY LIMITS YES 📆 NO 🗌	58	REET ADDRES	s/zipcod	DE 2071 son Hgt		Dr.
S Communication	J	Ohn		MIOOLE L.	Harr		Pearl	NAME	MIOOLE		Jacks		
medico	- (	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	226-1	2-7013	Elizabet	h R.	5808° Ander			Hgt:	s., M
Footper emasol resent, the		PART I DEATH W	'AS CAUSE	lly one couse per D BY TE CAUSE (o)	Mela	ond ic state	Pancy	ati	C Can	cinam		MUNICIPAL STATES	POEATH TO
Complete corp		Conditions, if any, gave rise to imicouse (a), statin underlying cause	nediote ig the	(b)	r as a conse r as a conse								
There play	Z O	PART 2 OTHER SIGN	nificant (	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL	DISEASE OR CO	ONDITION G	IVEN IN PART	l (1	
1112	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	IN CERT	ES, WERE FIND TIFYING CAUSE YES []		TH?
117		OR CONTRIBUTING THE EITHER NOTIFY MEDI	CAUSE OF DE	HOUR A.	M MONTH	DAY YEAR	21¢ HOW INJURY OCC	CURRED (E	NTER NAT RE OF I	NJURY IN ITEM 18	B PART ()RPART.		
th and M	MEDICAL	21d INJURY OCCUR	THE T	21e PLACE	OF INJURY REET FACTORY OFF	ICE FARM ETC )	211 LOCATION STREET	57	CITY OF	NOON	OUNTY		TATE
African of Neol			ed olive on	1 00 1	1 / 1	987 or	id that in (my) (aur) opin	to to death o	accurred on the	date and ha			ated
deroche deroche note Dep		276 SIGNATURE	· C	han	dan			G MEI	DICAL S	TAFF SICIAN []	10 DAI	1 F	7
A MPORTAN		V. Pre	m	Charry						Cher	erly Hol	2078	35
	234	BURIAL, CREMATION.	REMOVAL	/	/		EMETERY OR CREMATO	M. E			ne, P. C	/	<b>5</b> .
H 16 60M 7 B4		UNERAL DIRECTOR	1/77 -	150.0	ADDRE				BY REGISTR		THAR S SIGN		8

				10
		was Moell		BICK
		1.8.7		
in language Consider on				
Sith lettereon Bett. Um		. Seder Meter.	.0.5	Eq.
rnathal Slade respectat 6000		al rest		miel
B. medgeson- Octob Tees.	street eat II	\$104-61-966		
		Ald a AM		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CEDTIFICATE OF DEATH

	FOR	DEPA		E OF MAKTLAND IEALTH AND MENTAL HYG	SIENE / 3	0 3 2 0
1	S REGISTRAR			ICATE OF DEATH	REG. NO	
	DECEASED NIAME SIDE	WIDDLE	- l	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Lewis Louis		HA	RVEY	10-17	-87 7.50P
3	3 SEX	4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYPAR IF UNDER TATHET
	M	B	MONTH	3 0 <b>9</b>	80	RS DAYS HOUR MIN
1	BIRTHPLACE   STATE OF FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COL	
1	Maryland	USA	WIDOWE		Prival h	60286 WI
1	B CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	OSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION			
4	CLINTON /	· · · · · · · · · · · · · · · · · · ·	Sti fret	Clinton	Labor .	State Rd.
1	USUAL RESIDENCE (IF NURSING HOME 130 STATE 113H CO	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 136 CITY OR 1		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE
A	Maryland Cal	vert Sunder		YES NO K	Gen. Del.	20689
74	4 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA.	ME MIDDLE	LAST
1	John	Harvey		Emma	MIDDLE	Hoy
7 10	60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRESS	
1	no (FFES.)	GIVE WAR OR DATES)		Josephine Ra	y P.O Box 264	Huntingtown, Md
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b)	, and (c		ARY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU					
		DUE TO, OR AS A CONSE		OPULMONF		
1	Conditions, if ony, which	( DEN	OCARO	INOMA O	F PROSTAT	E
Τ	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
	underlying cause lost	(1)	A ETA	STATIC.		
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART 1 a
	19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING					
1	M 190 DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	T L				YES NO	YES NO
			DAY YEAR	216 HOW INJURY OCCUR	RED TENTER NATURE OF INJURY IN ITEM	A 18 PART OR PART ()
	(IF EITHER NOTIFY MEDICAL EXAMIN		19			
	OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY
	WHILE NOT WHILE AT WORK					
		spital) attended the deceased Ira			10-10-17-8	19 that (I) (we) last
		not) view the body ofter death.	9, ar	nd that in (my) (our) opinion	deoth occurred on the dote and	hour and from the causes stated
	22b. SIGNATURE	1.0.0.	A	DEGREE	historia cres	220 DATE SIGNED
	10ugl	~ Ma	der 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/47
	22d PHYSICIAN'S NAME (TYPE	E OR PRINT)	0	220 ADDRESS 17 N	205 Shall Ro	0
1	KKIZHAI	1 WWELL	IUK	Waldow	md.	20601
2	30 BURIAL, CREMATION, REMOVA	AL 23b. DATE	731 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	OUNTY VIATE
L	Burial	Oct. 21,87	Mt. Hop	e Chr. Cem.	Sunderland	Calvert Md.
2	4 FUNERAL DIRECTOR	1451 Dares Be	ach Rd.	250-PAJ	EREGID BY POOR RAR 256 RE	GISTRARIS SIGNATURE

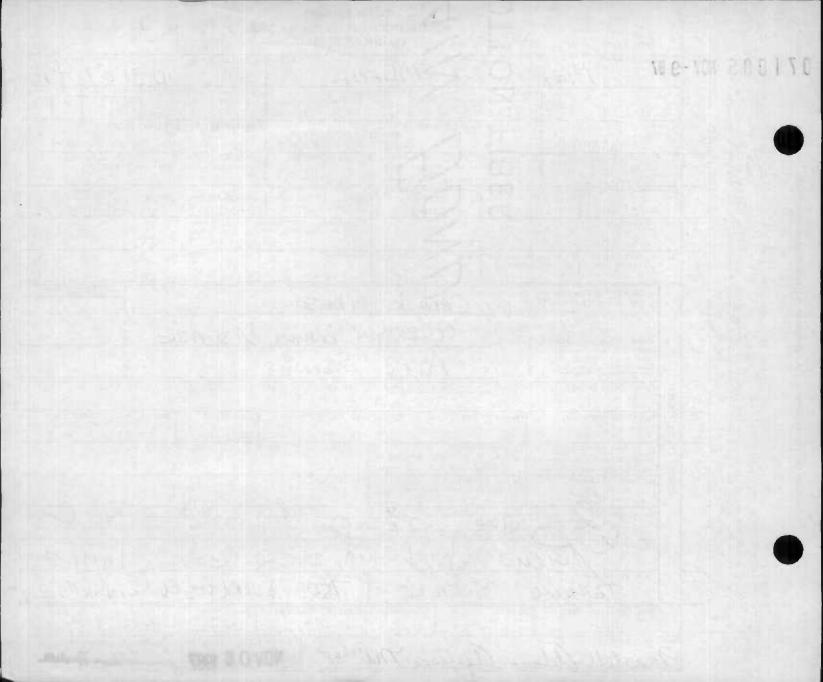
Spencer E. Sewell Prince Frederick, Md 20678

DHMH = 16 60M 7/84 (VRA 15, 4)

DHMH = 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Second   S		1 -	FOR STATE REGISTRAR	DE	EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. NO	0 4 1
Female  Black  066  288  1914  73  785  1050  10			1 CINEY	Alice	HANKINS		3187 4 AM
BRITHPIACE   BLACK   O6   28   1914   73   V85   MARRIED   MARRI	ŀ	SE	x			6 AGE (IN YEARS LAST BIRTHDAY)	
Maryland  USA  Maryland  USA  MARRIED D DNORGED D DNORGED DNOR	L				06 28 1914		
In CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   124 LEDA SOCIEDATION   124 LEDA SOCIEDATION   125 LEDA SOCIEDATION   126 LE	ľ	a B	COUNTRY)		INTRY?   8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
The conditions, if only, which give rise to immediate course ger line loss of conditions of the course of the cour	L						
134 FATE   135 COUNTY   136 CITY OR TOWN   136 INSECTIT LIMITS   136 OT O 1 d Indianhead Rd.	l	0 C	ITY OR TOWN OF DEATH				126 KIND OF BUSINESS OR INDUSTRY
134 FATE   135 COUNTY   136 CITY OR TOWN   136 INSECTIT LIMITS   136 OT O 1 d Indianhead Rd.	h	JSU.	LESTEN NINTER HOME OR	COUTE TO THE PARTY OF THE PARTY	MARYLAND HOSPITAI		1
THE PATT OF CONTRIBUTION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  TO CONTRIBUTION OF COURSE OF DEATH Enter only one course per line 19 yet of the conditions of the course		130 5	STATE 13b COUN	VITY 130 CITY C	DR TOWN 113d INSIDE CITY LIMITS?		
Charles Henry Dotson  Mary Alice Skinner  ADDRESS  ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 18 INFORMANT ADDRESS  TO ON WARD DECEASED EVER IN U.S. ARREPTORCES? ISS SOCIAL SECURITY NO. 18 INFORMANT ADDRESS SAA  BEFORE WARD TO SAA AND PRESS SAA  BEFORE WARD TO SAA AND SECURITY NO. 18 INFORMANT ADDRESS SAA  BEFORE WARD TO SAA AND SECURITY NO. 18 INFORMANT ADDRESS SAA  BEFORE WARD TO SAA AND SECURITY NO. 18 INFORMANT ADDRESS SAA SAA SOCIAL SECURITY NO. 18 INFORMANT ADDRESS SAA SAA SAA SOCIAL SECURITY NO. 18 INFORMANT ADDRESS SAA SAA SAA SAA SAA SOCIAL SECURITY NO. 18 INFORMANT ADDRESS SAA SAA SAA SAA SAA SAA SAA SAA SAA	t		ATHER'S NAME		15 MOTHER'S MAIDEN N	IAME	
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO	l		Charles He	nry Dotson	1.0		
18 CAUSE OF DEATH LETTER ONly one couse per line to go to and a part of the	t		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA			
18 CAUSE OF DEATH Entre only one couse per line to 10 and 12   PART 1 DEATH WAS CAUSED BY   PART 1 DEATH WAS CAUSED BY   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, O	ı	1			44 5854 George W.	Hawkins SAA	
Conditions, if any, which gove rise to immediate couse iot. stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 186. AUTOPSY2 186. IF YES, WERE FINDINGS, USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YES   NO	Ī		PART I. DEATH WAS CAUSE	D BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 207 DEATH 216. TIME OF INJURY OR CONTRIBUTING 208 CONTRIBUTION 208 CONTRIBUTING 208 CONTRIBUTION 208 CONTRIBUTING 208 CONTRIBUTION 208 CONTRIBUTING 208 CONTRIBUTION 208 CONTRIBUTION 208 CONTRIBUTING 208 CONTRIBUTION 208 CONTRIBUTION 208 CONTRIBUTION 208 CO			gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CO	Acquire of Stends		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  P.M. 19  21d INJURY OCCURRED  WHILE ALWORK NOTE HOUR STREET, FACTORY OFFICE FARM ETC.)  22e I certify that II this hospital attended the deceosed from 19 to 10 19 that II wellost saw thing a south prince of the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did to		CATION				20a AUTOPSY? 20b IF YES	S, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  P.M. 19  21d INJURY OCCURRED  WHILE ALWORK NOTE HOUR STREET, FACTORY OFFICE FARM ETC.)  22e I certify that II this hospital attended the deceosed from 19 to 10 19 that II wellost saw thing a south prince of the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did did not the body of a did to book the did to		RTIF				YES NO YE	S NO
21d INJURY OCCURRED  22d I certify that injury hospital attended the deceased from 19 to 10 3 19 that injury hospital attended the deceased from 19 to 10 3 19 that injury hospital attended the deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to deceased from 19 to 10 3 19 that injury hospital attended to 19 that inj	l			The same of the same of	TH DAY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART CRPART 2
270 I certify that in hospital attended the deceased from  Saw in the part of	l	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.			
270 Learning than the included the deceased from 19 to 19 to 19 that II) we lost saw and solve the course of the course stated obove. It is all the course stated of the course s	l	MED	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM ETC   21f LOCATION STREET	ITY OR TOWN	-)LINTY 'ATE
226 DATE SIGNED  226 PHYSICIAN'S NAME (TYPE OR PRINT)  227 ADDRESS  228 ADDRESS  238 BURIAL, CREMATION, REMOVAL  238 DURIAL, CREMATION, REMOVAL  239 DURIAL, CREMATION, REMOVAL  230 DURIAL, CREMATION, REMOVAL  231 DURIAL, CREMATION, REMOVAL  240 DURIAL, CREMATION, REMOVAL  250 DURIAL, CREMATION, REMOVAL  251 DURIAL, CREMATION, REMOVAL  252 DURIAL, CREMATION, REMOVAL  253 DURIAL, CREMATION, REMOVAL  254 DURIAL, CREMATION, REMOVAL  255 DURIAL,			220 I certify than 11 Alba hospi		_19_2 and that in (phy) (our) opinio	n death occurred on the date and hou	19 that ill we lost is and from the causes stated
TENEWICE BENTILE ASOI SURLATES LD CENTRUM HTD 20755  230 BURIAL, CREMATION, REMOVAL 230 DATE 231 NAME OF CEMETERY OR CREMATORY 1230 LOCATION Burial 4 Nov 87 Christ UM Church Baden, Prince Geo., MD			22b SIGNASHIE	euco Ne	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/1/87
Burial 4 Nov 87 Christ UM Church Baden, Prince Geo., MD			TERENC		FCE 4201	SURLETTS GO (	CANDW MD 20755
Burial   4 Nov 87   Christ UM Church   Baden, Prince Geo., MD	1	3a E	SPECIFY)	23b DATE	231 NAME OF CEMETERY OR CREMATORY	_ CITY OR TOWN	COUNTY
ADDRESS OF PEGISTRAR 256 REGISTRAR 256 REGISTRAR'S SIGNATURE	-	14 5		4 Nov 87		Baden, Princ	ce Geo., MD
Marie		THE PERSON	NAME + 10	/ AD		101100	RAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE KNOWN -(TYPE OR PR NT) Rudean DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 6 CITIZEN OF WHAT COUNTRY? NEVER MARRIED South Carolina U.S.A. Prince George's DIVORCED O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK LNAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS Cheverly Clerk D.C. Govt ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) P. George's Hyattsville NO 5018 54th Place Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elliott Herriotte Rosa Durant 166 SOCIAL SECURITY NO 5018 54th PRPlace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 250769351 Carl Hawkins Hayattsville, Md. 20781 No 18 CAUSE OF DEATH (Enter only one cause per ling for a , (b , and (c BETWEEN ON' ET AND DEATH PART I DEATH WAS CAUSED BY sertenous cardio Vassuller descare DUE TO, OF AN A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate CAL EXAMINA BURIAL TRA cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 ) THE CHIEF MEDIC. JULD BE USED AS A E STMENT OF HEALTH A R TO BURIAL, CREMA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO L FORWARDED TO THE C TOR: PAGE 3 SHOULD BE THE STATE DEPARTMENT. 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY FARM ETC ) STREET CITY OR TOWN WHILE NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Inspection 22a I certify that I took charge of the remains described above, held on Accident Homicide \_\_\_ MEDICAL EXAMINER 5009 Rayburn Ct, Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Harmony Memorial Park Burial Md. Landover P.G. 25M 256 REGISTRAR'S SIGNATURE Julia Divideon Pandasa Landover, Md. 20785 (VR A15 ME (5)) Jenkins

Redering Klas From Farmer Flat - 12-6-4 214

South Carolina U.S.A.

Elliott Ferrictte Forsictte Fess

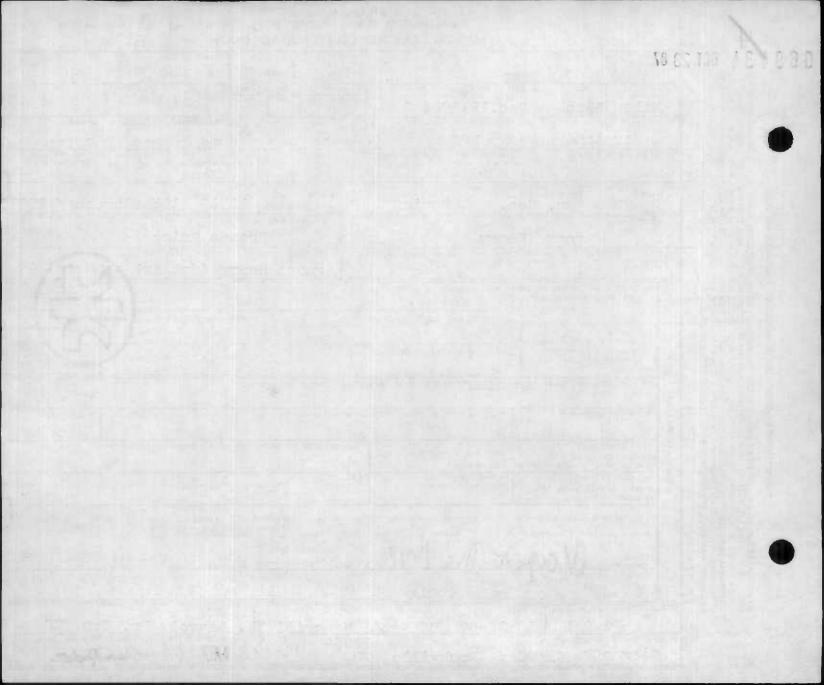
Cheverly find it so have a file and the care

Purplane F. Secrips's Systemillo v 5018 beth Flace

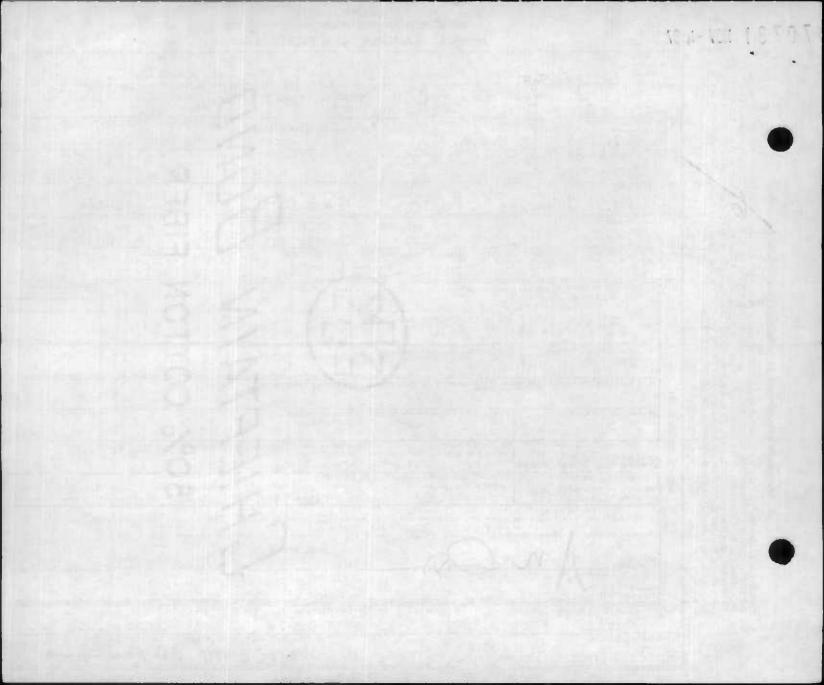
Les dever, d. The

the man of the state of the sta

North 247 Lendover the tendents little lendover 1.6. Pd.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN X DECEASED NAME b HO R TIPE OR PRINT DIRECTOR DUR FILES. 72 HOURS N STREET Marcia DEATH MATED Irene Herber 10-31-19 87 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE 2d HOUR 3:45A Cau 9,1962 emale Sept 1987 BIRTHPLACE ( ATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED Prince George's County IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Office Manager Upper Marlbord Rad. Southbound Rt. 301 Serv. 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS Charles Waldorf Box 309-4 Md. FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Miles Rule Marjorie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. Box 1309-4 No 215-84-1747 William H. Miles, Waldorf, Md. 2060] 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 CKECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALOIS TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED SA B UDRIAL - TRANSIT PENAFER DEATH, WILL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L o CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 7Th TIME OF INILIRY TE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XOR
CONTRIBUTING CAUSE OF DEATH 2:40AM HOUR A.M. MONTH DAY YEAR Driver in auto-fixed object/ejected 21d INJURY OCCURRED TE PLACE OF INJURY LATHOME STREET FACTORY FARM ETC 1 WHILE AT WORK cornfield 301, Upper Marlboro, Prince 220 I certify that I took charge of the remains described above, held on George S. Co., MD Accident X Suicide death resulted from Undetermined monner Notural couses TITLE (SPECIFY) ACTUAL MD Deputy chiefical Examiner DATE SIGNED 10-31-87 SIGNATURE EXAMINER'S NAME Ahn M. Dixon, M.D. ADDRESS 111 Penn St., Baltimore, MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Nov.3,1987 Ft. Lincoln Cem. Burial Colmar Manor, P.G. U7 84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 Huntt Funeral Home Inc., Waldorf, Md. (VR A15 ME (5))



TO FUNERAL DIRECTOR. After this cert ficate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal MAPORTANT. If them 21 is marked or frem 18 shows any injury, or other troumatic event, their

DHMH - 16 60M 7/8

(VRA 15, 4)

06984

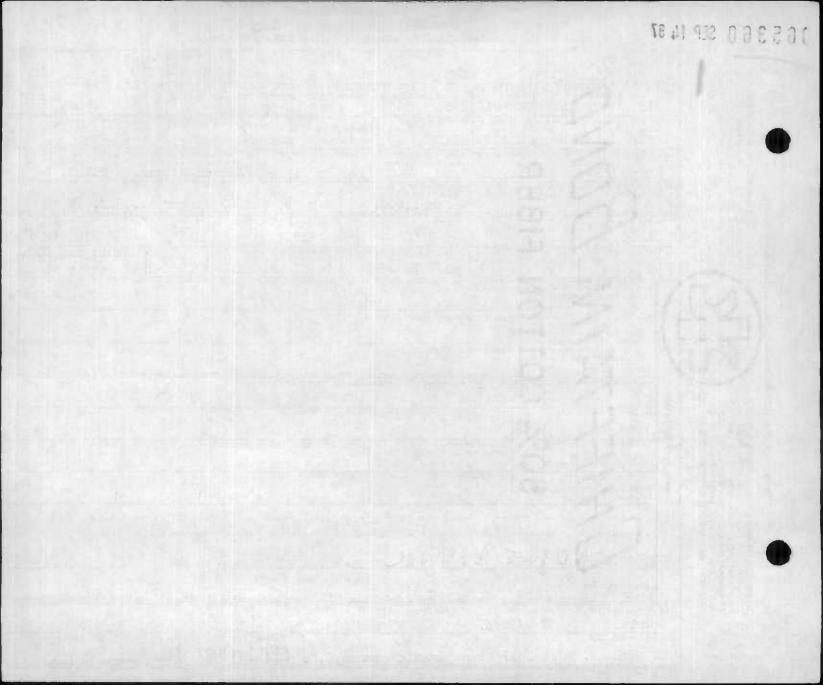
FOR
STATE
7 07REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27	REGISTRAR				CEKIII	ICATE OF DEATH	REG NO	0.				
	ECEASED NAME	EIRST	/	MIDDLE	i.	AS1	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR		
117		essie	Ma	Q	HERN	IDON	October	16.1	987	1:20 Am		
3 5			1 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER LOFAL			
			White		MONTH	27, 1908	79		AUN H DATS	HCGR! MIN		
	emale BIRTHPLACE (MATEORF	OREIGN 1		WHAT COUNTRY?	18		9 BALTIMORE CITY O	P COUNTY	OFDEATH			
4	COUNTRY					D NEVER MARRIED						
	irginia City or town of dea	THE	U.S.A		WIDOWE	DR OTHER INSTITUTION	Prince	Geor		OF BUSINESS OR		
	Lanham		Doctors	Hospita	ADDRESS) f	Pr. Geo. Co.	Homemaker	F WORKING LIFE	E) INDUSTRY			
130	UAL RESIDENCE (IF NURSI	NG HOME OR O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE				
M	aryland	P.	-	Greenbe		YES X NO	22 Ridge	Road	#115	20770		
	FATHER'S NAME		NODLE			15 MOTHER'S MAIDEN NAM						
D	Arthur	N	NODLE	Barker		Nancy	Carol	vn	Hov	vell		
160	WAS DECEASED EVER I	NUS ARA	AED FORCES?	16b SOCIAL SECU	RITYNO	17 INFORMANT (Son		19 SR				
	(YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	226-30-4	//15	William R. H				orida 32748		
N	T					William IX. Th	ernaon Le	esbui	9, 110	YIMAYE INTERVAL		
	PART I DEATH WAS CAUSED BY											
	IMMEDIATE CAUSE (0) COCONTROL OFFICE CONTROL C											
			DUE TO, O	R AS A CONSEQUE	NCE OF	0.00000		. 0		0 -		
	Conditions, if ony,		( (b)		de	redi ogel	uc two	R		dele		
	gove rise to imm couse o stating		SUIT TO O	DAG A CONSCOUR	NCT 07		0 0					
	underlying couse		DUE TO, OI	R AS A CONSEQUE	NCE OF	workere	al inker	retio	4/1	delle		
	DART 2 OTHER SIGN	IEIC ANT C	ONIDITIONS CO	ONTRIBUTING TO F	DE ATH BLIT	NOT RELATED TO THE TERM	IN AL DISEASE OF CON	DITION CIV	Chilled DAD? 1			
z	FART 2 OTTIER SIGN	THE AINT C	ONDITIONS CC	DIVINIBOTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COIN	DITION GIVE	EN IN PART I	(1		
CERTIFICATION	190 DATE OF OPERAT	ION	10k COND	IT ION FOR WHICH	OPERATIO	N WAS PERFORMED	, WERE FIND	INCCUSED				
5	DATE OF OPERAT	1014	The COIND	ITIOI OR WITHCH	OFERATION	IN WAS FERT ORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
Ξ			-				YES NO	YES		NO 🗌		
	OR CONTRIBUTING C		HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	PED (ENTER NATIONE OF INJUI	PT IN ITEM 18 PA	ARI ORPART.			
N S	LIF EITHER NOTIFY MEDIC			M.	19							
MEDICAL	21d INJURY OCCURR	ED	21e PLACE			211 LOCATION	ITY OR TO	WN	CUNTY	TAIF		
2	WHILE NOT WHE	HE	[ALHOME SIK	REET FACTORY OFFICE F	ARM EIL I	J. A.		,				
	220   certify that (I)		nl) ottended th	eadeceased from		8/18 10 80	10/	16	10 8	that I (we last		
	sow the deceose		10/		87 00	nd that in (my) (our) opinion o	death accurred on the de	ate and hour	and from the	e couses stated		
	obove (I) we (d	id aid not	view the body	after deoth		DEGREE						
	220 SIGNATURE	06	Vea	wite V	w	ATTENDING	MEDICAL STAI		10	E SIGNED		
	226 PHYSICIAN'S NA	ME (TYPE OR	PRINT	to M	7	22e ADDRESS	feriolan	GHI	206h	OH H		
-		16	au'	1-111	_	1,3000	10000	100	20 101	11		
230	BURIAL, CREMATION, F	REMÖVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		DINTY	Brate		
	Burial		10/20/			en Cemetery	Princeton	Mer	cer We	est Virginia		
	ranciseGasc						E REC D BY REGISTRAR	25b, REGIST	RAR'S SIGNA	TURE		
47	739 Baltimor	e Av	enue H	yattsville	, Md.	. 20781						

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 87 EASED NAME DATE KNOWN X OF DIRECTOR OUR FILES. 172 HOURS ON STREET DEATH MATED 10-15-87 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 20 DATE 2d HOUR TEAR LAST BIRTHDATE MALE BLACK DEAD 10-15-87 L1AM WITHIN To BIRTHPLACE ALE DR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WASHINGTON WIDOWED [ DIVORCED Prince George'sCounty II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY SUDENT Oxon Hil 10800 Old Fort Rd. 13g STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FT. WASHINGTO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WASHINGTON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES NO, OR UNKNOWN) LIF YES GIVE WAR OR DATEST WILLIE L.HICKS SR. 11210 OLD 220-02-8754 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE BEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATE OF THE CHIEF MEDICATE PROFESS SHOULD BE USED AS AFFE EDEATH WITH THE STATIC DEPARTMENT OF HALLT BARTIMORE, MARMAND, 21201 PRIOR TO BURIAL, CREM 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS THE DEINJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEATH : 550.M. driver of auto/fixed object collision 71e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED howy . 10800 Old Fort Rd. Oxon Hill Maryland WHILE AT WORK AT WORK Autopsy K 220 I certify that I took charge of the remains described above, held on Inspection L Accident X Homicide \_\_\_\_ death resulted from A Notural couses Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-15-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Penn Street Korell M.D. ADDRESS (TYPE OR PRINT) Margarita A 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 07 84 die Dender Pine DHMH 17 (VR A15 ME (5))

1971 E DESSET



MPORTANT: If Item 21 is marked or Item 18 st

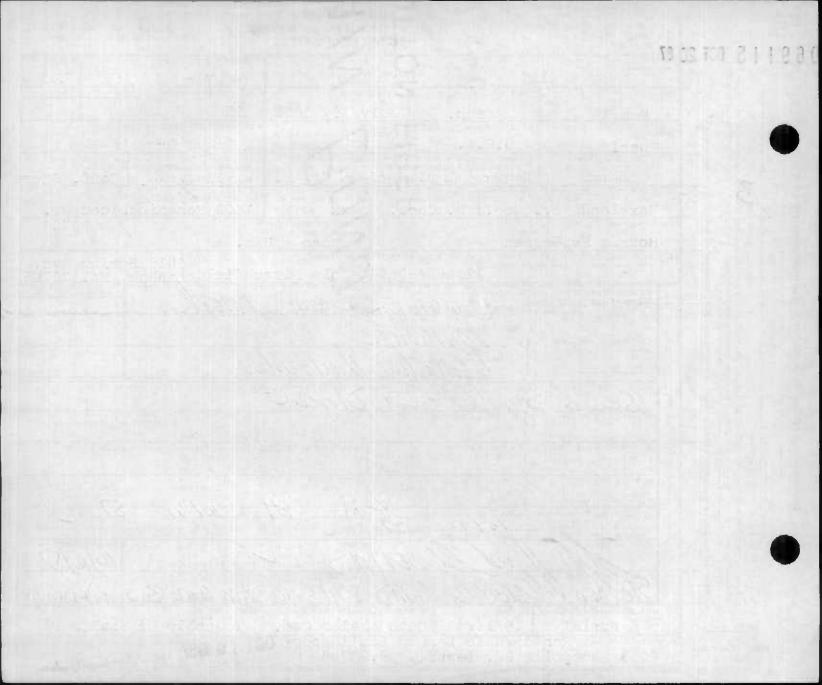
DHMH = 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TORCEASED NAME FIRST (TYPE OR PRINT)  BELLA  3 SEX 4 RAC	Cauc. 5.1	SCHFIELD  DATE OF BIRTH MONTH DAY YEAR	REG NO.  20 DATE OF DEATH MON  OCTOBER 1		26 HOUR
BELLA	Cauc. 5.1	DATE OF BIRTH		1 1987	
3 SEX 4 RAC	Cauc.	MONTH DAY YEAR	1 105		7:23P M
	IZEN OF WHAT COUNTRY?		6 AGE (IN YEARS LAST BIRTHDAY	MONTH DATE	IF UNDER 24 HRY
Female	IZEN OF WHAT COUNTRY?	July 15, 1892		YRS	HOURS MIN
COUNTRY		MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH	
Russia		DIOWER DIVORCED	Prince Ge	orge's	MD
	AME OF HOSPITAL, NURSING H		120 USUAL OCCUPATION		BUSINESS OR
Lanham Do	ctors' Hospital	of Pr. Geo Co.	Self-Emplo	05	. Store
USUAL RESIDENCE LIE NURSING HOME OR OTHER IN 13% STATE 13% COUNTY Maryland Pr. G	ISC CITY OR TOWN  180 N. Carr	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 7600 Fonta		Dr.
14 FATHER'S NAME	•	15 MOTHER'S MAIDEN NAM	E		0784
Morris Sniderma	LAST LAST	Rose U	nk.	100	
160 WAS DECEASED EVER IN U.S. ARMED FO			ADDRESS 9.1	15 Spring	Ave
No No	210-36-9	656 Jule Hirs	chfield Lar	ham. Md.	20706
Conditions, if ony, which gave rise to immediate cause (01) stating the underlying cause last	UE TO, OP AS A CONSEQUENCE	FOR HOLL TO THE TERMS TO THE THE TERMS TO TH	28s AUTOPSYT 28s IN	IF YES, WERE FINDING CERTIFYING CAUSES O	
ON CONTENENTING CHIEF OF DEATH  IN EXPRESS NOTIFY WELL CALEAR MERICAL	HOUR A.M. MONTH DAY	YEAR 19		William Charles	
W Anna D not work D	IN PLACE OF INJURY IT HOME STREET FACTORY DEVICE FARM.	DC.) 21E LOCATION	ON OR SOME	CENNT	15.079
22a I certify that (I) (this hospital) off	tended the decensed from	8-21- 1084	10/11	1.87	not 1 (we) last
sow the deceased alive on	10/1/ 19 8	and that in (my) (our) opinion de	eath occurred on the date a		_
obove. ( ) (we) (did) (did not) view 77b SIGNATURE	the bady after death  While Market and the second are the second a	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	220 DATES	IGNED 1
Stephen P.C.	055 Cmd. M	10 5711 SARVI	stre suto	302 Rive	olla, Mcl
(SD\$ ( (6 V)	0/11/97 Pot	h Shalom Cem.	23d LOCATION	Of Shale	r PA
			Township		
9013 Annapolis	Rd. Lanham,	Fun'l Home ou Md.20706	1 19 1987	ulia Deviden	Realiza



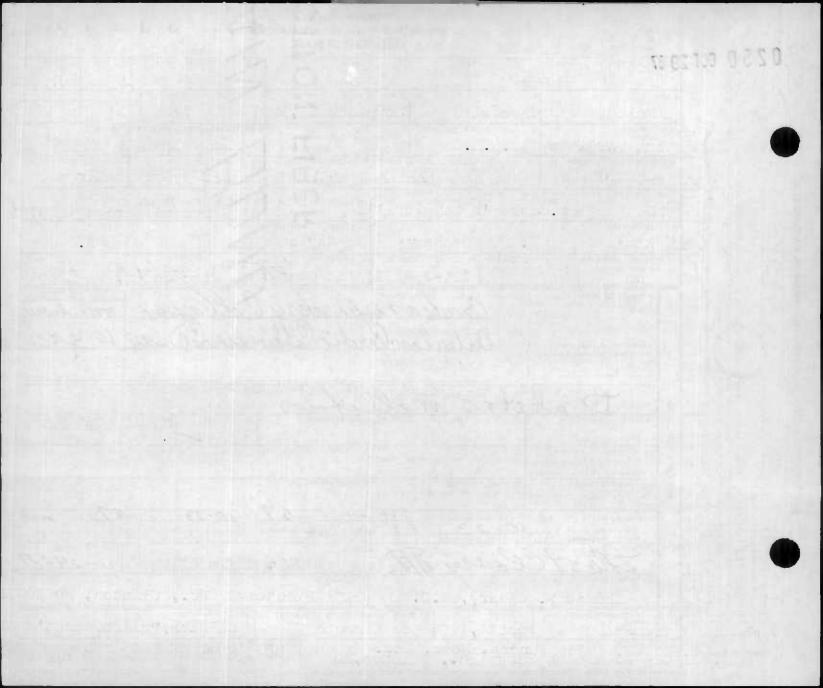
STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGI <b>LD</b> E			
CERTIFICATE OF DEATH			

3

U

0

250 00-	1 -	FOR STATE REGISTRAR	DEPARTM		IEALTH AND MENTAL HYG	REG. NO.	
2 3 U UCT 2	908	ASED NAME FIRST	WIDDLE	l l	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3 eoth	1 = 1 + 1	LORI	ENZO D	I	HISER		10 23 10.50am
mo)	3 SEX	(	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IN INCHES YEAR IF IN ER AM-
ge 4			Caucasian	Nove	ember 21,190	79 YRS	
h. Po	(	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	DX NEVER MARRIED	9 BALTIMORE CITY OR COUN	
deoi deoi		st Virginia	U.S.A.	WIDOWE		PRINCE GEOR	
by the f		CLINTON MD		RYLAI		120 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING TICKET agent	126 KIND OF BUSINESS OR INDUSTRY railroad
filled in oold be	13a S	AL RESIDENCE (IF NURSING HOME OR OR THE TABLE OF T	other institution give residence before ity   13c City or town eorge   F Temple	admission) eHil	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CC 5103 Durand	
mpletely ond 2 sh	H FA	Alman	K. Hathawa	ay	15 MOTHER'S MAIDEN NAM Gayle	ME MIDDLE	UNK.
Poges Medical		VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN)   (IF YES GIVE  NO	WAR OR DATES)		17 INFORMANT step 4 Lee Gladw:	o-son Rte 3	B, Box 225 cer, VA 22601
Cro		PART I. DEATH WAS CAUSED	ly one cause per lue for a), (b) and D BY  E C AUSE (a)	11c1	spirolory	Collabs.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
omotic e		Conditions, if any, which	DUE TO, OR AS ACONSEQUE	NCE OF	potio Coldi	MARRON DIAS	19 10 4rs
other troo		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF	m q am	community we	
quires to signed then ple to burial njury, or	N O	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	DEATH	THE RELATED TO THE TERM	INAL DISEASE OR CONDITION (	GIVEN IN PART I a
hos been permit permit in prior was any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
physicio physicio rifficote ol-fronsit tal Hygie		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	1		21c HOW INJURY OCCURR	ED (ENTER NAT RE OF INJURY IN ITEM I	
the burie and Men	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F)	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY
TENDING tol or o OR Afre or use os f Heolth			tal) attended the deceased from	10		to 10-23-	19 that I levelast
SECTION OF	saw the deceased alive on 19 , and that in (my) (eur) opinion death occurred on the date and hour and from the couses stated above. (I) (we) did not) view the body ofter death.  22b SIGNATURE.  22c DATE SIGNED						
RAL DIE detoch tote Der		Thost	Leary M	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-24-87
HOSPI		Thomas F.	Cleary, M.D.		22e ADDRESS 9131 Pisca	taway Rd., C	linton, MD 20735
O s O s s W		BURIAL, CREMATION, REMOVAL		JAME OF C	EMETERY OR CREMATORY	23d LOCATION	*
BP	- 1	remation			rematory	Clinton, P:	rinceGeorge's MI
DHMH 16 60M 7,84 3 3	24 FU	INERAL DIRECTOR Lee F	uneral Home Ferry Rd., Cl	Inc.	n, MD 250 000	T 2 8 1987	ISTRAR'S SIGNATURE Distrary Pandage



## STATE OF MARYLAND

DEPARTM	CERTIFICATE OF DEATH	REG NO	) 3 [
	LAST	20 DATE OF DEATH MONTH DAT	TEAR 28 HOUR
	HOGAN	10-22-87	12.40A,
5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY) IF INDE	TYEAR IF INUITE LINE
	MAY 15, 1921	66 YRS	DAES HOURS MIN
COUNTRY?	8 _	9 BALTIMORE CITY OR COUNTY OF DE	ATH

MALE WHITE TO BIRTHPLACE THATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY S. CAROLINA

C.

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PRINCE GEORGES 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARPENTER CONSTRUCTION

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) CALVERI Md.

MIDOLE

18 CAUSE OF DEATH (Enter only one cause per line to ital. (b) and ic

ALFRED

4 RACE

OWINGS

13d INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME FIRST

13e STREET ADDRESS / ZIP CODE BOX 180 20736

MIDDLE

A FATHER'S NAME FIRST JOHN

CHEVERLY

O CITY OR TOWN OF DEATH

- STATE PEGISTRAR TYPE OR PRINTS

3 SEX

CERTIFICATION

ICAL

LAST HOGAN

BEFFE 17 INFORMANT

BOYCE ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES! YES LIWW

PART I DEATH WAS CAUSED BY

cause a stating underlying cause

190 DATE OF OPERATION

166 SOCIAL SECURITY NO 249-12-7109

MELODY PAYNE 34th ST., BRENTWOOD, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate

PART 2 OTHER SIGNIFICANT CONDITIONS

TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY Y	EAR 19	2
14 INTILIBY OCCUPPED	21- DIACE OF INTHERY			12

10-24-1987

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO [ IC HOW INJURY OCCURRED LENTER NAT RE OF INJURY IN ITEM TO PART .

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

AT HOME STREET FACTORY OFFICE FARM ETC.)

11 LOCATION TREET

CITY OF LOWN

27a I certify that (1) (this hospital attended the deceased from saw the deceased alive an 10-12 above, (1) (we) (did) (did not) view the body after death

> DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF

274 PHYSICIAN'S NAME ITYPE OF PRINT

23a BURIAL, CREMATION, REMOVAL 23b DATE

CHAMBERS CO.

23¢ NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

226 SIGNATURE

BURIAL

RIVERDALE, Md. 20737

CEDAR

Md. 250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH 16 60M 7 /84 (VRA 15. 4)

BP.

14-

MPORTANT

					10.02.13.19	
			,0			
		De la m			to -	
			A.E		pua a Pa	
Walter Br	AS 1507 0	STED WITE				
65753	THE REAL PROPERTY.			ananico		
			4		642	
ten Block See 1	27.14 17.5	145.00		A STATE		
.SR 10.01.5			159 - 1735 <del>-</del> 7 1611/129			

BP\_

DHMH 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

068

21	5	OC		FOR STATE PRE-STRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEND / REG NO	0 3 3 2
Enuneral director page 3	within 2 hours offer deoth	5	3 SEX	FIRST DAME  OF PRINTS  FEMALE  RIHPLACE MATE OF FOREIGN OUTIENS  TIMOTE, Md.  IY OR TOWN OF DEATH	76 CITIZEN O US		WIDOWE	y 4 DAY 1922	20 DATE OF DEATH MONTH  COOCK  6 AGE (IN YEARS LAST BIRTHDAY)  6 BALTIMORE CITY OR COU  PRINCE COUNTY OF C	NTY OF DEATH
in by t	naula be ruea	or is shows only injury, or other troumonic event, the mediciol exemper must be applying the property of the p	USUA 130 S	Aurel  A RESIDENCE (IF NURSING HOM TATE Md.  THER'S NAME  William	GREA OR OTHER INSTITUTION	ICH FACILITY, DIVE STREET  ON GIVE RESIDENCE BEFORE  ISC CITY OR TOW  Laure  Nicol	ADMISSION)	IS MOTHER'S MAIDEN NAM	PTP    30 STREET ADDRESS / ZIP C   200 Ft Mea	Home
0	emotion, or removal			18 CAUSE OF DEATH IE THE PART I. DEATH WAS CAI IMMED  Conditions, if ony, which gove rise to immediate couse toll, stating the	only one couse p JSED BY DUE TO,	219-24- HEPATIC	ENCE OF	David Holl: DHALDPATHY ER CIRRHOS		me as 13e  APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH  DAY J  UEAUS
certificate hos been signed by	entol Hygiene prior to burio		MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	19b CON 19b CON 19b CON 19b CON 19b CON 19b CON	NON/A DITION FOR WHICH OF INJURY A.M. MONTH D.	PEPT! OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
FUNERAL DIRECTOR After this	re Dept of Health and	Tera C 13 more	MED	21d NJURY OCCURRED  WHILE ON THIS OF T	ospitol) ottended on () () I not view the boo	T 5 19 8	7 or	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	that II (we) last hour and from the course stated
P 0 F	w th the Stot		23a B	URIAL, CREMATION, REMOV				SLI VV EMETERY OR CREMATORY L1 Cemetery	PUE GEODIO  123d LOCATION CITY OR TOWN  Laurel	P.G. Marylan

Ivy Hill Cemetery

7601 Sandy Spring Road

Fleck Funeral Home, Inc. Laurel, Md.

250 DATE REC D BY REGISTRAR 25) REGISTRAR'S SIGNATURE LOSS

OCT 8 1987

Since Danden Redes

Maryland

	10 e- 100
AND THE WALL DO SEE AND SHAPE WITH CHEET	
There are the second and the Carlo and the Contract of the Carlo	
Fire and a state of the state o	
merrica and learned guarantee the contract to the contract to the contract to the contract the c	

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

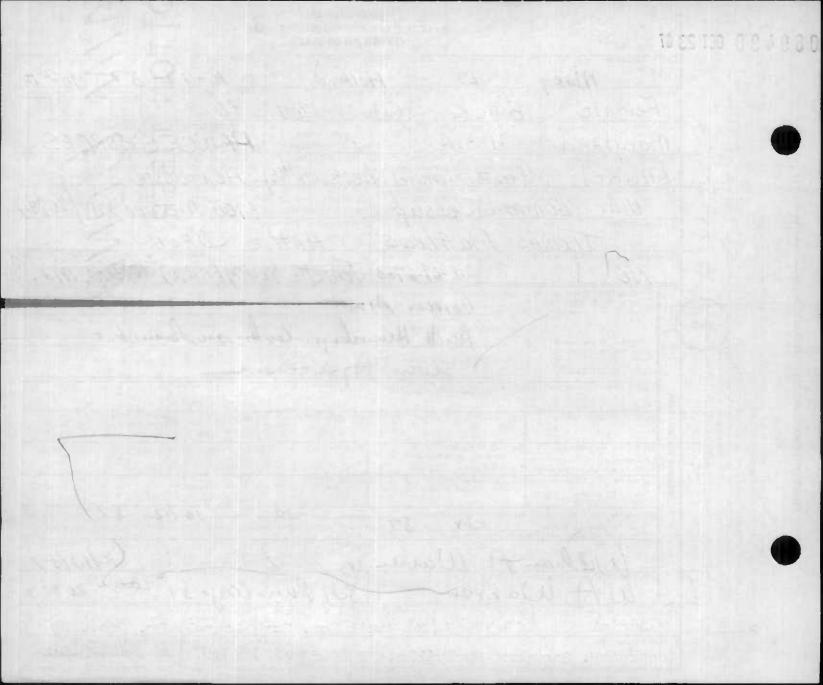
069498 OCT

(VRA 15, 4)

### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I DECFASED NAME FIR		LAST g	REG NO	
Ma			70 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ey L.	Holken	10-12-	87 1050 F
3 35 1	4 RACE	5. DATE OF BIRTH	6 AGE   IN YEARS (AST BIRTHDAY)	IF UNDER TYPER IF UNDER 24 HRS
I-emale	Black	Feb. 28, 1907	80 YRS	WONTH DAY HOURS MIN
70 BIRTHPLACE TATE OR FOREIG	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
& Mary And	U.S.14.	WIDOWED DIVORCED	HRINCE C	TEORGES N
10 CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS O
USUAL RESIDENCE (IF NURSING H	OME OF OTHER INSTITUTION GIVE RESIDENCE BEFO	PRE ADMISSION)	HOUSEW!	el
13a STATEMA. 13b	POWARD JESSE	WN / 13d INSIDE CITY LIMITS?	136 STREET ADDRESS ZIP CO	on Rd /2074
14 FATHER'S NAME FIRST	mas Matthe	SWS HAH	ie D'Avis	LAST
O I da WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SEC YES GIVE WAR OR DATES) 218-09	WRITYNO 17 INFORMANT	loung ( niene ) 3	190 MISSION,
18 CAUSE OF DEATH E	iter only one couse per line for (a), (b), a	and ic A	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS C	EDIATE CAUSE (a) Cofee			
Apost []	DUE TO, OR AS A CONSEO	UENICE OF	1	,
Conditions, if any, wh	ch ( b) Acert	Humhagic Con	etro vasculana.	execut
gove rise to immedia couse (o , stating to underlying couse la	he DUE TO, OR AS A CONSEON	VENCE OF H. Der tens	2101	
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1 0
190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
AH H				TIFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYI		216 HOW INJURY OCCUR	RED (INTERNATURE OF INJURY IN ITEM IS	S PART DR PART
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OI DI AIII	19		
(IF EITHER NOTIFY MEDICALEX	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COLINTY
WHILE NO: WHILE AT WORK			1	
	hospital attended the deceased from			19 that if (we le
	did not view the body ofter death.		death occurred on the date and he	
226 SIGNATURE	A 1110	DEGREE	AMEDICAL STAFF	270 DATE SIGNED
27d PHYSICIAN'S MAME	(TYP) OR PRINT)	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	1-110101
1 WA	Warren	321 Pun	· Carp It	alu 20707
230 BURIAL, CREMATION, REM	OVAL 236 DATE 236	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	1 10 20 07 1	A Matil Mam Da		COUNTY
Burial	10-20-87 M	Md Nat'l Mem. Par	rk Laurel, Pr	. Geo., MD

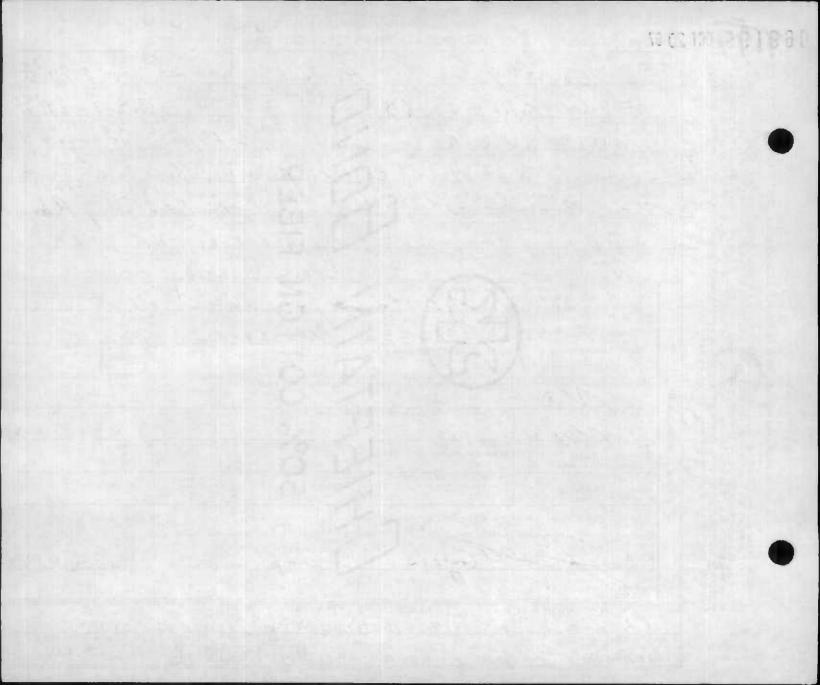


1696	7 4 OCT	26	FOR SIA E REGISTRAR		DEPARTMENT OF HEALT		ATL	0 3 3 4
<b>, , , ,</b>	-	1 DE	CEASED NAME FIRST	-	MIDDLE 4	(AST	20 DATE KNOWN OF ESTI DEATH MATED	
7 A 3 4 9	Z S L S L	3 SE)	rule anti	5. DATE OF BIRTH	-53 34 YRS.	UNDER 1 YR IF UNDER 24 HRS	20 DATE PRONOUNCED DE AD	10-48 1087/0PM
	S FOR WITHIN	We	RTHPLACE (STATE OR REIGN COUNTRY)	USA	WIDO		Prince (	NATE OF THE PROPERTY OF THE PR
A A A	A PAGE	CI	ry or town of death neverly	A-INCL G	SPITAL, NURSING HOME, OR O' CHITY, GIVE STREET ADJACES) LOYGEN JENEVA	Herinstitution 100 U	SUAL OCCUPATION OR MOST OF WORKING LIFE AINTENANCE	CE Eng Housing
. 21201	RETAIN STANFORM	13a S	RESIDENCE (IF IN NURSING HOME & TATE 136, COUN	R OTHER INSTITUTION G	13. CITY OR TOWN Alexandria	13d INSIDE CITY LIMITS? 13e8	400 Sky V	View Drive Apt T:
BALTIMORE, MD. 21201	0 2 2 3 O		THER'S NAME FIRST  James	MIDDLE	Hooe	15 MOTHER'S MAIDEN NAM	Lorett	
SALTIMO	WITH FOR	16a V	VAS DECEASED EVER IN U.S. ARI ES NO OR UNKNOWN)   HE YES, GIVE	WED FORCES? WAR OR DATES)	217-64-9504	Frances B I	Hooe S	Same as #13
TON ST., I	ITEM 18. LONG WI PERMIT. GIENE, PI		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI IMMEDIA	D BY TE CAUSE (a)	arder anyone	they		APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
W.W.	WENTAL H		Conditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying couse last.</u>	(b)	R AS A CONSEQUENCE OF			
CORDS.	OSP "PENDING" CHIEF MEDICAL LE USED AS BURILA CREMATION D'ARIAL, CREMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART I a		
VITAL RE	WORD "PE WORD "PE CHIEF A BE USED A NI OF HEA BURIAL, O	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES NO NO
DIVISION OF VITAL RECONDS	STANDER THE CHIEF A SPECIAL STANDER TO THE CHIEF A SHOULD BE USED A SPECIAL STANDER TO BURLAL OF HER	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	A. MONTH DAY YEAR A. 19	HOW INJURY OCCURRED TENTE	r nature of injury in itea	A 18 PART   OR PART Z)
Ī	A P P P P	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET FAC	OF INJURY JATHOME. 21f L	OCATION STREET	CITY OR TOWN	COUNTY STATE
	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTHMORE, MARYLAND, 2		220 I certify that I took charged	e of the remoins de	Accident , Suicide	, Homicide Und	Inquiry	ond in my opinion
2 1400	A SHOUL WERAL DI DEATH, V		ACTUAL SIGNATURE SIGNATURE	How	uguez	M.D. Deputy ME	EDICAL EXAMINER	DATE 10 -19-87
- 12 2	PAGE TO FU	23a B	EXAMINER'S NAME AUG	THE REST	236 NAME OF CEMETERY		urn Ct , T	Cemple Hills, MD
# F - F - 7 Cd	BP/		Burial	220ct19				Church Va
(\	DHMH = 17 /R A15 ME (5))		NAME ROBERT E W Funeral HO	ilhelmass	uitland, Md.	4	1097	and and all

STATE OF MARYLAND

188811 1838BD flores Frankling Hore 18-18 87 16 E 8-11-53 31 Here & was friend the grant to word = Butterning 13-61-01 The will indicate with indicate the second of the second o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO DECEASED NAME OF ESTI DEATH MATED DATE OF BIRTH IF UNDER 1 YR 6 AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED LAS BIRTHDAY DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED JUNICOUNTY MA URS AFTER DEATH. I 8. GIVE PAGES 1, WITH FORM PM B TI PAGES 1 AND DIVISION OF VITH 14. FATHER S NAME 16h SOCIAL SECURITY NO IN WAS DECEASED EVER IN U.S. ARMED FORCES? (YE' NO OR UNKNOWN) (IF YE GIVE WAR OR DATES) APPROXIMATE IN TRVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), bi, and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE. A SHEED BATH, WITH THE STATE DEPARTMENT OF HEM BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CHE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO DE 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 7) HOUR A.M. MONTH DAY YEAR UNDERLYING OR ONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f LOCATION STATE STREET, FACTORY FARM ETC ) STREET CITY OR TOWN WHILE WHILE AT WORK AT WORK Inspection & 22a I certify that I taok charge of the remains described above held an Natural causes Undetermined manner death resulted fram Suicide Hamicide L TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 17 84 25M 24-FUNERAL DIRECTOR DHMH 17 (VR A15 ME 5



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GGISTRAR ECLASED NAME DATE KNOWN X 26 HOUR OF DEATH MATED 87 Addison 19 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 7:30 PRONOUNCED May 10, 1913 7 DEAD 19 87 Female Black TO BIRTHPLACE STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY MD USA WIDOWED DIVORCED Prince George's County O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION LYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS Housewife. Clinton 6805 Birron Lane 30 STATE 113h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STRETT A DRESS 6505 Birch Lane / 20748 Prince George's Clinton Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Jessie Griffin Augustus Dorsey 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 577-24-1403 Thurmon Huff (Husband) same No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 0 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL PROPERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A FOR DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II LOCATION STREET FACTORY FARM, ETC.) WHILE AT WORK CITY OR TOWN 220 I certify that I toak charge of the remains described above, held an Autapsy Inspection Natural causes X death resulted fram Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 10/29/87 Deputy SWISHIATLINE 1919 Seminary Road EXAMINER S NAME John S. Rogers. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT 23a BURIAL CREMATION REMOVAL 23b DATE 230 NAME OF CEMETERY OR CREMATORY Burial 11-2-87 Md. National Mem. Park | Laurel, Pr. Geo., Maryland 07 84 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH 17 George R. Snowden Rockville, MD 20850 ma daydoon gondalle (VR A15 ME (51)

Persie Black May 10, 1913 | SA

Connection of the second

John S. Moroza, M.J.

Acute myocardial dimens.

Milyne Swing, Noutgonery County, W

Permis Departed a Comited

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICALE - STATE PEGISTRAR CERTIFICATE OF DEATH REG NO FELEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTS DEBEBE 10 4 RACE 3 SEX 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY F INDER YEAR BIACK 48 Male TO BIRTHPLACE ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georg's WIDOWED 126 KIND OF BUSINESS OR 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY iverdale EThiopia Govern MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS tuntteville 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 17 INFORMANT Ibssa 3351 MT. PleasentsT. N.W. Sisai 18 CAUSE OF DEATH | Enter only one couse per line lor | 0 , | 1b , ond | c PART | DEATH WAS CAUSED BY ASDIAC ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ANTERIOR MYDEARDIAL HATA Conditions, if ony, which gave rise to immediate couse oi, stating the DUE TO, OR AS A CONSEQUENCE OF INFARGTION underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS. CERTIFICATION MELLITUS 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED I ENTER NAT RE OF INJURY IN ITEM 18 PART DE PART HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY ZITY OR TOWN STATE STREET AT HOME STREET FACTORY OFFICE FARM ETC. AT WORK AL WORK 220 | certify that (1) (this hospital) attended the deceased from\_ 18-18-and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING 01 18/81 mi PHYSICIAN DIRECTOR PHYSICIAN ORTAN 22d PHYSICIAN'S NAME LIVE OF PRINT d b 236 DATE BP. emeler wash. REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR DHMH 16 60M 7/84

DITTO

(VRA 15, 4)

0.66.65.2.2.3.10.9.5.6.3.9.9.0 STRIPPIO ETRIPPIO POR STRIPPIO SO the stand of the company of the standard of th AND THE SHOULD SEE SHOW THE PERSON Burnel 10/20/37 Glenward General Walnut Den DO

# 05 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO ENUREAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDISION OF WITHIN ECORDS, 201 W, PRESTON SREET BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP.

DHMH 17 (VR A15 ME (5)

07 84 25M

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0

	FOR			D	EPARIMENT OF H	EALIH	AND MENTAL H	KALIENE		3 11	. (1)	3 -	)
37	HATE HIGISTRAR				ICAL EXAMINE				H ,	EG NO		4	
T DE	CEASED NAME	FIR T			MIDDLE		AST	20	DATE KNO		MONIH	DAY TEAR	Zb HOUR
(TYI	E OR PRINT)	37.73							OF EST DEATH MAT		10 1	c 07	
3 SEX	(	4 RACE		OF BIRTH	BERNARI	-	JACKSON DER 1 YR TIF UNDER 2				10-16	6-89/	R 2d HOUR
-		, mer	MONTH		YEAR LAST BIRTHDAY				ONOUNCED				20 HOUR
	le	Black	Ja	n. 31	, 1960 27 RS				DEAD		10-1		4:51
	RTHPLACE THE	ATE OR	76 CITU	ZEN OF WHA	AT COUNTRY?	MARRI	ED NEVER MARRIE	ED 🗍	BALTIMORE	_			
0]	nio			USA		WIDOW	ED DIVORCE	ED 🗆	Prince	e Geo	rge's	s Cour	ity ME
10 C	TY OR TOWN	OF DEATH			ITAL, NURSING HOME	OR OTH	ER INSTITUTION	120 USUAI	LOCCUPATIO	N (TYPE OF	WORK 126	OR INDUS	
	Cheverl	У			George's Co	unts	Hospital		urity		ird	OK II4DOS	JIK I
			OR OTHER IN		RESIDENCE BEFORE ADMISSION							275	74/
	arvlan	d P.G.	ITY		Suitland		13d INSIDE CITY LIMITS?		t address 64 Eas	stor	n Av	enna	#302
	THER'S NAME	a pr.G.			Duittana		15 MOTHER'S MAIDE		O4 Du	, CCI	I IIV	CIIUC	11 3 0 2
	FIR5T		WIDDLE		LAST		FIRST	IN INAME	MIDDLE		/ 11	LAST	
	illie				Jackson		Stella				( U	nkno	wn)
60 V	VAS DECEASED ES NO, OR UNINO	EVER IN U.S. AR.			166 SOCIAL SECURITY	١٥.	17 INFORMANT		AD	DRESS			
	no				281 60 32	284	Janice J	acks	on-wit	e-4	227	29th	St.,
	18 CAUSE O	DEATH (Enter on	ly one car	use per line fo	or (a), (b), and (c)			Sui	itland	, Mar	yla	nderoxima	ATE INTER, A
	PARTIDE	ATH WAS CAUSE IMMEDIA		Mu	ltiple guns	hot	wounds				-	BETWEENON	SET AND DEATH
		IMMEDIA		10	S A CONSEQUENCE OF								
	Condition	s, if any, which		OL TO, OR A	IS A CONSEQUENCE OF								
	gave ris	e to immediate		b									
	lying cau	stating the under	) D	UE TO, OR A	S A CONSEQUENCE OF								
	79		(	(c _									
	PART 2 DINER SIG	INIFICANT CONDITIONS	CONTRIBUTI	ING TO DEATH BU	T NOT RELATED TO THE TERMINA	NL DISEASE	OR CONDITION GIVEN IN PAR	T 1 o					
NO													
IFICATION	190 DATE OF	OPERATION	11	96 CONDITIO	ON FOR WHICH OPERA	ION W	AS PERFORMED?				1	20 AUTOPS	Υ?
FIC													
CERTI	71n EXTERNA	L CAUSE WAS	7	16 TIME OF I	NILIPY	121, HC	OW INJURY OCCURRED	D SENITED NAT	LIBE OF BUILDS IN	ITT 10 DANY	LOD DADY OF	YES X	ИО []
2	UNDERLYING	arrier)		HOUR A.M.	MONTH DAY YEAR					ITEM IS PARI	ON PART 21		
CAL	CONTRIBUTIN	G CAUSE OF		2:40RM			abject shot	by p	olice				
MEDI	21d INJURY O				RY FARM FIC )		TREET		ITY OR TOWN		COUNT	,	STATE
~	AT WORK	NOT WHILE	X .	home facto		1	364 Eastern			Suit	land	, Mary	yland
						-							
	220   certif	y that I taak charç	je at the r	emains descr	ibed above, held an	Autops		<u>.</u>	Inquiry .	and in	my opinio	on	
	death resulte	d from Natu	ral causes		Accident Suici	de 📙	Homicide X	Undetern	nined manner	<u>.</u>			
		1/	\	Th.	W no		TITLE (SPECIFY)						
	ACTUAL SIGNATURE_	Maw	Pla)	JUM	rule	M.	Assistant	MEDICA	AL EXAMINER		DATE SIGNED_	10-1	7-87
	- 1	9							The Extraction of the		5101460=		
	TYPE OR PRIN	NAME IT)	Marg	arita	A. Korell, M	.D.	ADDRESS 111	Penn	STree	t			
73n B		ION, REMOVAL I			123c NAME OF CEME			[23d LOCA	ATION				
1	PE(IFY)	TO THE MENT OF ALL						CITY OR 1	TOWN	200	COUNTY		STATE
	Burial	CON C	000	. 24,	Tho, Par	HOI	y Memoria		GISTRAR 236				
	The Park	an)	1 /	ADDES!	01 Bennin	1	- NO			1 0	~ 0		1
St	ewart	Tunera]	Ho	me = 40	01 Bennin	q R	oad N. N.	V 0 2	1987	villa	Duoid	for Kan	dall

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN OF ESTI E FUNERAL DIRECTOR
E 5 FOR YOUR FILES.
CD. WITHIN 72 HOURS
W PRESTON STREET. DEATH MATED 550DI DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 0 -3 10 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. Prince George's DIVORCED X WIDOWED I CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK KIND OF BUSINESS OR INDUSTRY Ret.-Veteran Cheverly U.S.Gov Hosp. Gen. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? .G. Pleasant Md. YEST NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, WITH FORM PM IT PAGES 1 AND 2 DIVISION OF VITA MIDDLE FIRST John R. Jackson Marie Tolson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN Yes L. Madison-Same as 18 CAUSE OF DEATH (Enter only one couse per luft for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY mente cardiotics enlanderes IMMEDIATE CAUSE DUE TO, OR AS A COMSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF RITING THE WOLLD THE CHIEF MEDICAL SED TO THE CHIEF MEDICAL SED SA BURILL SEPARTMENT OF HEALTH AND MEDICAL CREMATION OF TO BURIAL, CREMATION lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO P YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOWN AFIER DEATH, WITH THE STATE DEPAGE BALTIMORE. MARYLAND, 21201 PRIO 21e PLACE OF INJURY (AT HOME. 214 INTURY OCCURRED 21f LOCATION STREET FACTORY, FARM, ETC ) STREET WHILE AT WORK CITY OF TOWN 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from Natural causes Accident Homicide Undetermined monner LITLE (SPECIFY) Deputy ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Augusto guez, M.D. ADDRES 5009 Rayburn Ct , Temple Hills, MD Rodrá TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATA 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION FT. MYER ARCINGTON MISTIC. CCH. BP 07 84 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR DHMH 17 (VR A15 ME (5))

STATE OF MARYLAND

1991 100 = 863

Troviety \_\_\_\_ itthree factor's let. Hote. Heteren \_ U. F. dov't.

Tide Tide First And Har a granamic tage . T. Elling the First Ed. Har E. H. E.

The state of the s

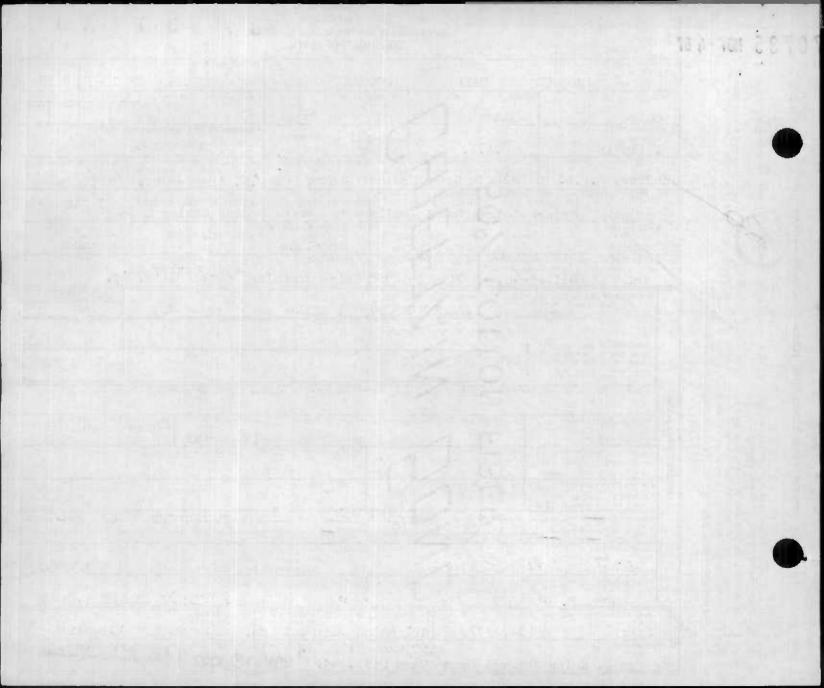
Transa Garres's

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

8 1-	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYG TE OF DEATH	REG. N	·	) 4	9		
	CEASED NAME FIRST	MIDDLE	LASI		20 DATE OF DEATH	MONIH DAY	YEAR	26 HOUR		
{ TYPE I	JOSEP1	H CARL	JANOWIA	K	OCTOBER 29 1987 08					
3 SEX		4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIR		DERIYEAR	IF UNDER JAHRS		
	fale	White	MONIH 11	6 1919	67 YRS		MONTH DATE HOUR MIN			
C	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED X	NEVER MARRIED   Prince Geor						
IO CIT	or town of DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Malcolm Grow M	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Malcolm Grow Medical Center			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  U.S. Army - Ret. Militar				
130 S	ryland Princ	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOW CE George Temple	Hills YES		13e STREET ADDRESS A		207	48		
	John	MIDDLE LAST  Janowiał	7	Angeline	MIDDLE		sowas]			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 6108 Harley La Yes WW11, Korea, V-N 319-16-9095 Helen Janowiak Temple Hills,									
	BETWEEN	AATE INTERVAL								
NO	Conditions, if ony, which gove rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b IF YES, WE IN CERTIFYING YES	RE FINDIN CAUSES	GS USED OF DEATH?		
7	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	HOW INJURY OCCUR	RED (ENIER NATURE OF INJU	RY IN ITEM 18 PART I	ORPARI 2			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	FARM ETC )	LOCATION STREET	( ITY OR TO	WN (	OUNTY	JATI		
	saw the deceased alive or	OO OOMODED	87 and the		to OCT(		0,			
	226 SIGNATURE.	n Buil	DEGR	ATTENDING PHYSICIAN	MEDICAL STA	FF	220 DATE S	GIGNED CTOBER		
	LORETTA M. O			ADDRESS  IALCOLM GROV	V USAF MEDIC	CAL CENT	ER,AA	FB MD		
(5	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 23c P	NAME OF CEMET	National C	23d LOCATION CITY OR TOWN Arling	ton V	ire1	331-53		
	NERAL DIRECTOR NAME  COrge P. Kalas	6160	Oxon Hi	111 Rd. 250 DAT	E REC D. BY REGISTRAR	256 REGISTRAR	SIGNATI	PE dass		

DHMH 16 60M 7/84 (VRA 15, 4)

BP.



1001001000000 - Leat premared and the SMOUND U MASSIE NOWA

STATE OF MARYLAND Them 142 Film 632, 10-22-6 DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

**JOHNSON** 

REG NO 20 DATE OF DEATH 2b HOUR MONTH OCTOBER 1987 12:10P 6 AGE (IN YEARS LAST BIRTHDAY) IF INDER YEAR 59

3 SEX 4 RACE 5. DATE OF BIRTH Black Male Marrh DA30 1928 75 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE INTATE OF FOREIGN

MARRIED NEVER MARRIED WIDOWED DIVORCED [

9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's

12n USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Supervisor Construction

Henderson

APPROXIMATE INTERVAL

SUAL RESIDENCE	(IF NURSING HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION
3a STATE	13b COUNTY	13c CITY OR TOWN
Maryland	P. Georges	Landover

MIDDLE

II.S.A.

JAMES

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Doctors Hospital of Pr. Geo. Co

136 INSIDE CITY LIMITS? NOF 15 MOTHER'S MAIDEN NAME

Annie

7613 Muncy Road/20785

Mae

John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWNS LIE YES GIVE WAR OR DATEST

-Aaron 166 SOCIAL SECURITY NO 239385595

LAST

17 INFORMANT Ursula Johnson 7713 AMERICY Road Landover, Md. 20785

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO, OR AS\_A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Canditions, if any, which gove rise to immediate couse (a), stoting the underlying cause lost

-9 BAGISTRAR

L DECEASED NAME

North Carolina

ID CITY OR TOWN OF DEATH

FIRST

Lanham

14 FATHER'S NAME

No

CERTIFICATION

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

NO YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF NURS NITEM 8 PART OF PAR 2

21d INJURY OCCURRED WHILE NOT WHILE AT WORK

226 SKINATURE

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET

OUNTY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive de above, (1) (we) (did) (did not) view the bady after death

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN (

, and that in (my) our) opinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

22c DATE SIGNED

230 BURIAL, CREMATION, REMOVAL Burial

10 - 7 - 87

23c NAME OF CEMETERY OR CREMATORY Harmony Memorial Park

Landover

Md. P.G.

DHMH 16 60M 7/84 (VRA 15. 4)

BP.

FUNERAL I PORTANT

10-

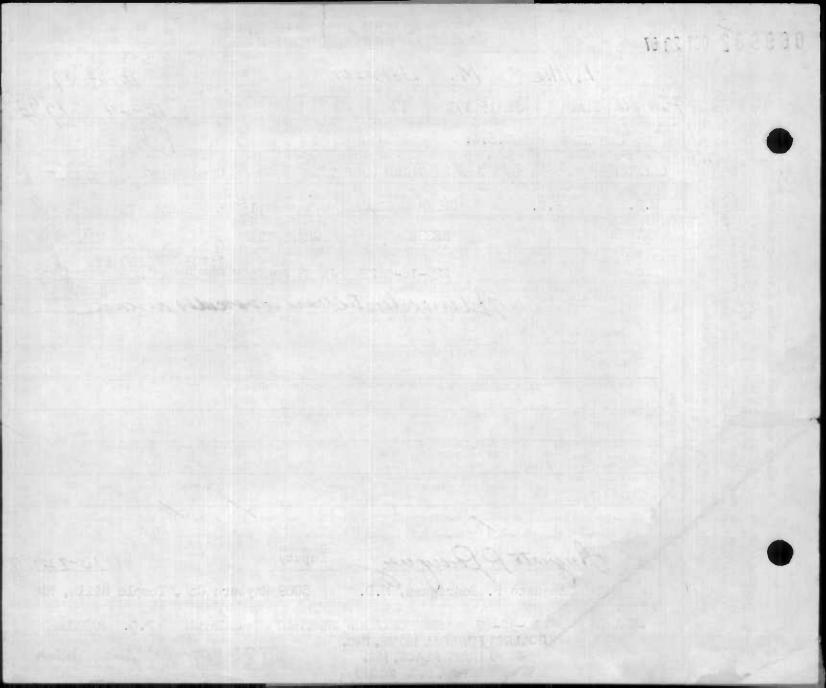
J.B. Wenkins Funeral Home

7474 Landover Road Landover, Md. 20785 DATE REC D. BY REGISTRAR 25/ REGISTRAR 9 SIGNATURE date

		rch 30 1928		foats	plat
				Acdul and	loud date
or Construction	atvinjus,				
cy fore/20185	Zeis hen		Londover	1. Cecriges	Senlynd
lerderson	edite.	Annie	moreove		unio
ver, Me. 2078s		aniot, anaky	251305595		

2.8, Jenkins Functed here 7474 lendover Rose Lancover, N. 20785

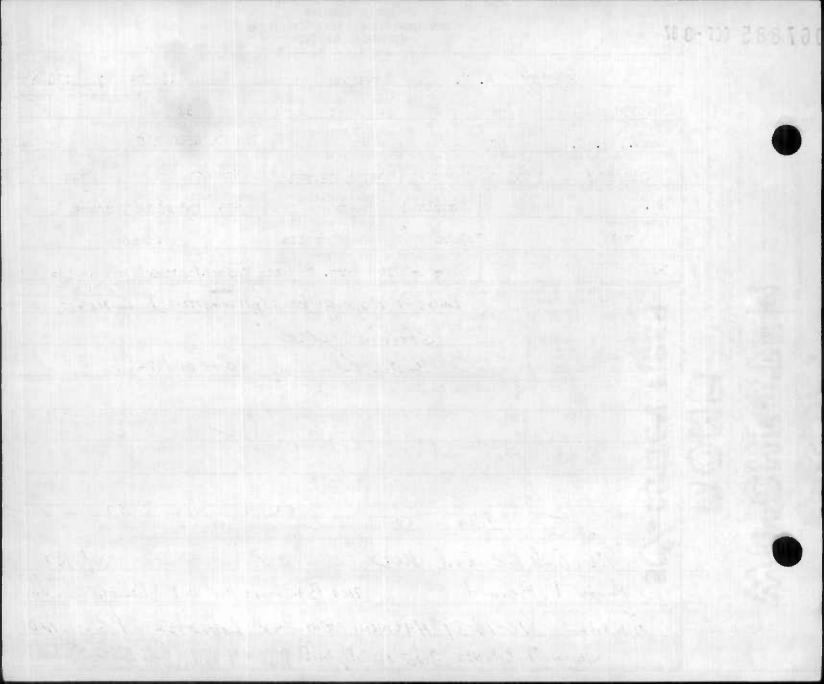
0 6	9	982	OCT	25	FOR STATE REGISTRAR		MEDICA	RTMENT OF HEALEXAMINER		VIAL HYGIEN	TH	<b>0</b> 0	, 4 3
		ATH. IF ANY DELAY IS NECESSARY, PLEASE S.1, 2, AND 3 TO THE FUNERAL DIRECTOR E.M. 3. RETAIN PAGE 5. FOR YOUR FILES. D'S-SHOULD BEFLIED, WITHIN 72 HOURS YULAL RECORDS, 2011 WY PRESTON STREET.	)7	3 SE) 7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	E S DATE O	15 1910	Jehn  AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN	20 DATE KNOW OF ESTI- DEATH MATER 20 DATE PRONOUNCED DEAD 9 BALTIMORE CI	10-24	19 8 19 19 19 19 19 19 19 19 19 19 19 19 19
100	と	3 TO THE FUN IN PAGE 5 FUN D BEFILED, WIRDS, 201 W.P.	6	10 CI	OUTH CAROLITY OR TOWN OF DEALITION	TH II NAME	THERN N	NURSING HOME, OIL  IVE STREET ADDRESS)  ARYLAND HO  ENCE BEFORE ADMISSION)	SPITCL	FOR	UAL OCCUPATION MOST OF WORKING LIFE CUSEKEEP		176 KIND OF BUSINESS OR INDUSTRY COLLAGE
	ORE, MD. 2120	GES 1, 2, AND GES 1, 2, AND MARM 3, RETA AND 25HOULD OF WIAL RECO	50	14 FA	THER'S NAME ARTHUR	P.G.	UF	CHY OR TOWN PPER MARLE EESE	15 MOTHER' CHA	NO 152 S MAIDEN NAMI	WIDDLE		WILSON
	N ST., BALTIMORE,	N 24 HOURS AFTER DEATH. N ITEM 18 GIVE PAGES 1, ALONG WITH FORM-RM. SIT PERMIT, PAGES 1 AND 2 HYGIENE, DIVISION OF WILM		16a V	NC OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES  H (Enter only one cause AS CAUSED BY, IMMEDIATE CAUSE	2	SOCIAL SECURITY NO 20-16-8828 II. (b), and (c).		JOHNSON	ULTER ME		MARYLAND  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT
	ORDS, 201 W. PRESTON	ULID BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM 1 EF MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PERM HEALTH AND MENIAL HYGIENE.	OR RE	z	Conditions, if a gave rise to cause (a) stating lying cause last PART 2 OTHER SIGNIFICANT	iny, which immediate (I	TO, OR AS A C	CONSEQUENCE OF	DISEASE OR CONDITION G	IVEN IN PART I a			
	OF VITAL RECORDS.	THE WORD "PENIC THE CHIEF MEI JID BE USED AS	TO BURIAL, CR	MEDICAL CERTIFICATION	190 DATE OF OPERA 210 EXTERNAL CAUS	SEWAS 21b	TIME OF INJUR	OR WHICH OPERATION	DN WAS PERFORMI		NATURE OF INJURY IN ITE	M 18 PART OR PA	2D AUTOPSY?  YES NO M
	DIVISION	AINER: THIS CERTIFICATE SHO FICATE, WRITING THE WORD RE FORWARDED TO THE CHI CTOR: PAGE 3 SHOULD BE UG HITHE STATE DEPARTMENT OF	, 21201 PRIÓR	MEDICA	CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	CAUSE OF DEATH  RED ?1e  WHILE CORK	P.M. PLACE OF INJI PREET FACTORY FAI	RM ETC )	LOCATION		CITY OR TOWN	COI	UNTY STATE
		TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR AFIER DIRECTOR: PAGE 3 AFIER DEATH WITH THE STATE DE	LTIMORE, MARYLAND,		22a Legrify that I death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural causes [  Natural causes ]  Augusto ]	S. Accid	Suicide	M.D. Hamicid	CCIFY)	Inquiry 1 ermined monner [ ICALEXAMINER ITN Ct , '	and in my ap  DATE SIGNE  Temple	Hills, MD
	7_84 5M	BP	7	(5	JRIAL, CREMATION, RI PECIFY)  DURIAL  JUNERAL DIRECTOR  NAME	10-30 ROLLIN 433	S FUNER ADDRESS 9 HUNT	RAL HOME, I PLACE, N.E	ON CEMETI	ERY C	OCATION OR TOWN LINTUN Y REGISTRAR 256 F	P.G. REGISTRAR'S S	
		-	-		222	an AS.	11140101	, D.C. 200	.9				



# STATE OF MARYLAND

7.5	8		
		REG	N

67885 OCT	-8	67- FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG NO	· · · · · · · · · · · · · · · · · · ·
		DECEASED NAME FIRST	MIDD	TE I	AST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
noy be poge 3		SHIR	LEY A.	F	HNSON	10 0	87 8:30 AM
poor a		3 SEX	4 RACE	5 DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	I UNDER TEAR IF INDER , 4 HR
2 0000		FEMALE	BLACK	05	23 55	32 YRS	UN 115 JAS HOUR MIN
Do de la		TO BIRTHPLACE I LATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
reroll 722		Wash., D. C.	USA	MARRIE	D NEVER MARRIED DIVORCED	PRINCE GEORGE'S	MD
within within	17	10 CITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL, NURSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
专业	7	CHEVERLY	PRINCE G	CILITY, GIVE STREET ADDRESS) FEORGE S HOSE	TAL CENTER	(TYPE OF WORK FOR MOST OF WORKING LIFE UNKNOWN	None
AND 2120 1 24 hours filled in by rould be file	5	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION GIVE	city or town Kentland	139 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6535 Columbia	Terrace
MARYLAND ed within 24 mpletely fille dnd 2 should	0	James	MIDDLE Fa	ison	15 MOTHER'S MAIDEN NA Rosetta	MIDDLE Simm	iasi
= 0	1	160 WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
BALTIMORE, cote be executed by sicion and coppers. Pages I vol. vol. vt. the medical cot.	1	No no or unknown) (IF YES O	IVE WAR OR DATES)	578-84-2034	Mrs. Rosett	ta Faison/mother/s	same as 13e
PRESTON ST., BALI he death certificate he attending physicic emove carbon paper mation or removal r traumatic event, thi		Conditions, if any, which	ATE CAUSE (0)	Invasive /	spergillosis I Use	(presumptive)	APPROXIMATE INITEVAL BETWEEN ONSET AND DEATH  MYS —
that the that the cose of cree of cree or other		gove rise to immediate cause a stating the underlying cause lost	(c)	SACONSEQUENCE OF	Polmonary	Sarco doss	-
			CONDITIONS CONT	<u>ributing to death</u> but	NOT RELATED TO THE TERM	ainal disease or condition give	N IN PART 1 a
TALRECOR		190 DATE OF OPERATION	196 CONDITIO	n for which operatio	n was performed	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA OF VITA SICIAN TI OP physicir certificate rial-transit ental Hygi	1	210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF D  (If EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR AM	JURY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	PT QR PART 21
DIVISION OF VITAL RECORDS,  OG PHYSICIAN The law requir attenting physician sign as the buriof-transit permit. They so the buriof-transit permit. They so the buriof-transit permit. They as the buriof-transit permit. They are the properties of the properties of the properties of the properties.		(IF EITHER NOTIFY MEDICAL EXAMIN  714 INJURY OCCURRED  WHILE  AT WORK  AT WORK	21e PLACE OF	INJURY FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	ITY OR I CWN	- DUNTY LATE
TTENDIN portal ar TOR At far use a of Health		sow the deceased alive a above, (1) (and (did )	n 9/2	9 19 51 0	nd that in Imy (purt opinion	deoth occurred on the date and hour	907 that II (ye lost and from the causes stated
TAL OR A DINE RAL DIREC detoched tote Dept		276 SIGNATURE -	I Bera			MEDICAL STAFF DIRECTOR   PHYSICIAN	10/6/87
O HOSPITAL TO FUNERAL Thould be determent the State		Michael	Berand	/	7100 BACTIM	ORE AVE 401 C	LEGEPARE, KAD
BP		236 BURIAL CREMATION, REMOVA	10-10-	1	NY MEM. PAR	23d LOCATION LANDOVER	P.G. NO.
DHMH = 16 60M 7/ (VRA 15, 4)		24 FUNERAL DIRECTOR	T. RHINI	345-12		TE REC D BY REGISTRAR 256 REGISTA	Dendum Rudass



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH A TREGISTRAR REG NO DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR ELSIE **JONES** P. TYPE OR PRINTS SIE 10-4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX BLACK NOV". 1900 FEMALE TO BIRTHPLACE ATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, D.C. UNITED STATES RIMCG WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INTOM UTHERM BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL P.G. 1130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE MARYLAND TEMPLE HILLS 6517 Northam Road 15 MOTHER'S MAIDEN NAME 14 FATHERS NAME MIDDLE LAST MIDDLE LAST FIRST HENRY PROCTOR JULIA UNK 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Temple Hill, Md. IYES NO OF UNKNOWN (IF YES GIVE WAR OR DATES) SHIRLEY BROWN-DAUGHTER-6517 Northam Rd NO 18 CAUSE OF DEATH Enter only one cause per line laz at, ib, and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESTON DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause a, stating the DUE TO OR AS A CONSEQUENCE OF 3 underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or DIVISION OF VITAL RECORDS. CERTIFICATION 20b IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO I NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED I ENTER NAT RE OF INJURY IN ITEM 18 PART OF PART. HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC | STREET AT WORK AT WORK 10.4 22a | certify that (1) (this haspital) attended the deceased from \_ 8, 0 and that in (my! +0++) apinion death occurred on the date and hour and liam the causes stated 22b SIGNATURE DEGREE 220 DATE SIGNED ATTENDING ... ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I MPORTANT 27d PHYSICIAN'S NAME LITTE OF PRINT 22e ADDRESS URST 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY

LINCOLN MEMORIAL

DHMH 16 60M 7/84 (VRA 15, 4)

BP

BURIAL

24 FUNERAL DIRECTOR

ALEXANDER S. POPE-2617 Pa Ave SE Wash DC

10/9/87

236 DATE

250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

SUITLAND

Oct. 24

- STATE

REGISTRAR

Burial

DHMH 16 60M 7 84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

Maryland National Cem.

Benning Road N.MIN

REG NO 20 DATE OF DEATH MONTH

26 HOUR

126 KIND OF BUSINESS OR

Washington

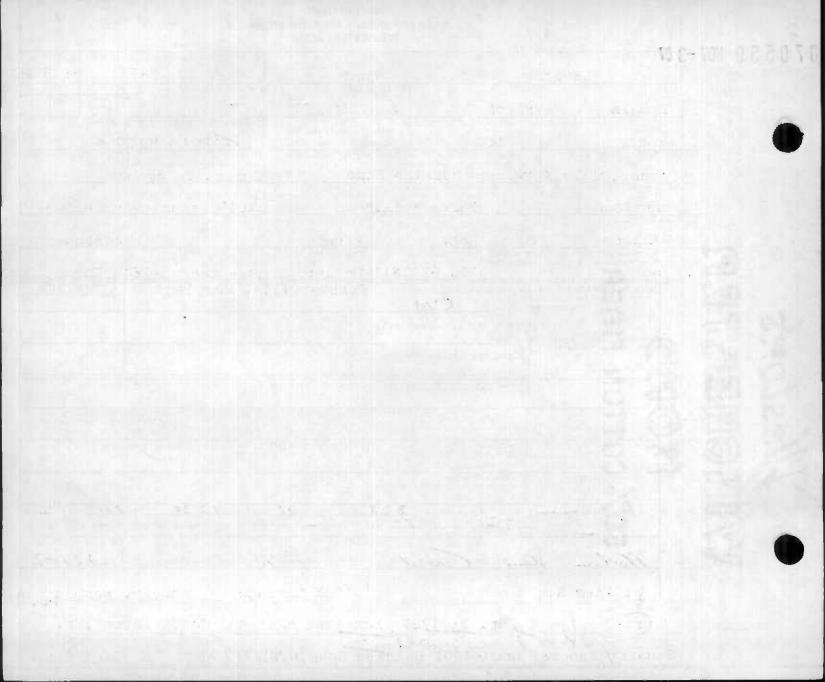
221 DATE SIGNED

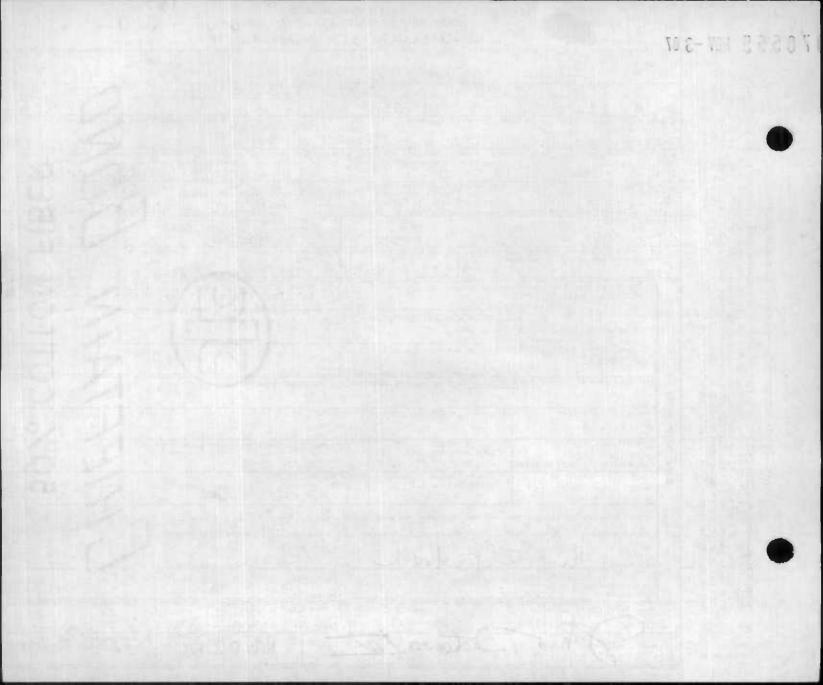
Laurel, Md.

250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

102087

B:15 AM





069067

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

STATE OF MARYLAND

18	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0		7
	DEASED NAME FIR "	WIDELE		AS.	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
11	IAITER (	HARLES	KANTA	ANN SR.	00	T.12.	1987	12:20 Pm
3 SEX	(	4 RACE	5 DATE O		6 AGE LIN YEARS LAST BIR	THDAY)		UNDER 4 HR
	MALE	C AUCASI	AN 5	- 31- 07	80	YRS	A DATS H	OURS MIN
7a BI	RTHPLACE TE OFF DREET	76 CITIZEN OF WHAT COU	NTRY2 8		9 BALTIMORE CITY O		FDEATH	
KE	ENTYCKY	U.S. A.	WIDOW	D NEVER MARRIED DIVORCED	PRINCE 1	GEORI	GES	CO. MD
10 CI	TY OR TOWN OF DEATH		URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF B	BUSINESS OR
1:	BOWLE	19719 KE	MBRIDG	E DP.	Tool + DVE	MACED	TOOL	4DYE
130 S	AL RESIDENCE (IF NURSING HOME OF		E BEFORE ADMISSION)	138 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	, , ,	7,0
Λ	10 PG	1300	WIE	YES NO	17	MBRIL	DGE D	R.2071
14 FA	THER S NAME	MIDDIE	N.F.	15 MOTHER'S MAIDEN NA	ME		LAST	
1	DOIPH GU	STAVE KA	UMANN	CHARLOTTE		04	EUMP	FIE
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	ADDRE	SS	1	
	10		-10-173	14 JANICIE	KANTMI	HUN (	SAME.	AS #13
	18 CAUSE OF DEATH Enter or	ly one cause per line for a	b ond c	. 0			BETWEENONS	ET AND DEATH
	PART I DEATH WAS CAUSE IMMEDIA	E CAUSE (O)	arcin	omn 7 12.	nerees		607	nonth
		DUE TO, OR AS A CON	SEQUENCE OF	/				
	Conditions, if any, which	(b)						
	gave rise to immediate cause o stating the	DUE TO, OR AS A CON	SEQUENCE OF					
	underlying cause last	( )						
_	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVEN	IN PART 1 a	
MEDICAL CERTIFICATION								
CA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY		VERE FINDING!	
RTIF					YES NOX	YES [		NO []
CE	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED LENTER VAT RE OF INJ	FINITEM 18 PART	RPART.	
CAL	THE EITHER NOTIFY MEDICAL EXAMINET	1111	19					
AEDI	218 INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM FT(	211 LOCATION	ITY OR TO	WN	OUNTY	DATE
~	AT A JAK AT WORK			611	1			
	22a I certify that (I (this hosp	14 4 /440		19 80	10/0/12	19.		nt++ (we) last
	sow the deceased plive on above the way the reliable	t) view the body after death	19 37 0	nd that in imy jour opinion	death occurred on the de	ate and hour an	nd fram the car	uses stated
	226 SIGNATU	nal	1 /	DEGREE	lance.		220 DATE SK	SNED /CZ
	agray	27/79	all	ATTENDING PHYSICIAN	MEDICAL STATE		10/12	185
	228 PHYSICIAN'S NAME THE	A Deposit	/	22e ADDRESS				. 0
	REONARD	APPEL		323/50	IPERIOR,	(A(A6)	BOW1	E, Md.
23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		No. and to	
	BURIAL	10-15-1987	ELMWOO	D CEMETERY	OWENSBO		VIESS C	O. KY.
24 FL	INERAL DIRECTOR				E REC D BY REGISTRAR			

DHMH 16 60M 7/84 (VRA 15, 4)

etained by the hospital or

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicing should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept of Health and Mental Hygiene prior to burial cremation, or removal.

MPORTANT If Hem 21 is marked or Item 18 show

W. W. CHAMBERS CO.

FOR

RIVERDALE, Md. 20737

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 19 1987

in Diriam Rudale

3034

Land 2 should be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remavel, carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematant, ar removal.

ATTENDING PHYSICIAN The

the haspiral or

TO HOSPITAL

BP.

MPORTANT If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	U	0	1	
REG.	NO				

-	13	OFEGISTRAR				CERTII	ICATE OF DEATH	REG. N	10		
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	LITTE	OR PRINT)	]	FLORA	L KAVAKOS			OCTOBER 6.	1987		903 M
	3 SEX	X		4 RACE		5 DATE		6 AGE (IN YEARS LAST B		NUER YEAR	IF INTER A HRY
		Female		White		Megni	DAY 0= 17924	63	YRS	INIH WAT	HCLR MIN
-		RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
)		ryland		United		WIDOWED DIVORCED		PRINCE GE	ORGE"s	COUNTY	MD
1	Laurel  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET GREATER LAUREL)				ELTS		Office C			vate	
1	Ma.			other institution TY Ge.	134 SITY OR JOWN		13d INSIDE CITY LIMITS?	13-58-66-DBRESS	PLace E	207	05
1	14. FA	THER'S NAME John		MICT. T	nompstön		Ann'e	\(\Lambda\) \(\bullet\) \(\bullet\) \(\bullet\) \(\mu\) \(\mu		Flor	á
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1960 OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577-26-5590 Louis Kavakos 10010 Ha							ry La.	Columbi			
	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause io stating the DUE TO OR AS A CONSEQUENCE OF										
1	CERTIFICATION	PART 2 OTHER SIGN	2H	EMA	1010	ANT	NOT RELATED TO THE TERM HH T15 /	IN AL DISEASE OR COM	74 GZ	WERE FINDIN	NGS USED
	TIF							YES NO	YES	NG CAUSES	NO [
7		OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	RY IN ITEM 18 PAR	T PART /	
MEDICAL	MEDI	716 INJURY OCCURRED  AHIE NOT WHILE ALWORK  ALWORK				IRM ETC	211 LOCATION	LITY OR TI	NWC	YIMUK	ATL
		220   certify that (1) this haspital) attended the deceased from 19 02 to 10/6 19 7 that (1) two) last saw the deceased alive on 10/6 19 87 and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above (1) year mid) diagnat view the body after death									
		22h SIGNATURE	Un	when	11)		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	220 DATE	SIGNED -6 - 87
/		GNEGO	ME (TYPE )	A -	COMP	TONI	27e ADDRESS (1) 8317	Cherry	Lane	Lai	irel MI
	23a B	BURIAL, CREMATION, F	REMOVAL	23b DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		THE PARTY	20/
	_	urial		10-9-1			coln Cemetery	Brentwoo		Mark June 1	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
	24 FL	UN Donardo Bo	rgwar	dt R44	Powder	Mary	Rd 20705 250 DA	BROWN MARKET AND THE PROPERTY OF THE PROPERTY	256 REGISTRA	AR S SIGNAT	URE

84400 Powder Mill Rd 20705

DHMH 16 60M 7 84 (VRA 15, 4)

18010 0 100

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Т	1 -	FOR STATE CREGISTRAR			DEPA		EALTH AND MENTAL	HYGIEN	NE 🖔 /	) (J	****	)	1,0
1	TOE	CEASED NAME	FIRST		MIDDLE	L.	AST	2	DATE OF DEATH	MONTH DAY	YEAR	26 HOU	R
	TITPE		JOHN		FRANCIS	S K	ENNEDY		OCTOR	ER 27.	1987	10:2	Оам
	3 SE)		-	4 RACE		5 DATE C		6	AGE (IN YEARS LAST BIR	HDAY) IF IJA	DER I YEAR	IF LINDER	
		Male		Caucas	sian	Apri	1 23, 192	21	66	YRS	DATE	HUURS	MIN
		RTHPLACE CATEORE	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9	BALTIMORE CITY O	R COUNTY OF	DEATH		
X	M	ass.		U.S.A		WIDOWE	D DIVORCED		Prince				MD
7		TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	- (	TYPE OF WORK FOR MOST O		26 KIND C NDUSTRY	OF BUSINE	SS OR
5	-	mp Sprine					pital AAI	FB	Pilot	. U	S Go	ovt.	
and the same of th	13a S	AL RESIDENCE (F NURS) STATE  ryland	13b COUP	G.	113c CITY OR T		136 INSIDE CITY LIMIT SES NOX	S? 13	STREET ADDRESS / 909 Colo	zip CODE nial D	r.	20	0748
	14 F.A	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDER	NAME	WIDDLE		LA	5.1	
)	F	rank				nedy	Margaret				Mah	one	У
		VAS DECEASED EVER		MED FORCES?	16b SOCIALS		17 INFORMANT		ADDRE				
		YES NO OR UNKNOWN)	MMT	Τ	012-1	8-8881	Majorie	e Ke	ennedy S	ame as			E
		18 CAUSE OF DEATH	H Enter or	D DV							BETWEEN	ONSET AND	DEATH
		PARTI DEATH W		TE CAUSE (a)	EARDIOP	ULMONAR'	Y ARREST						
					R AS A CONSE								
		Conditions, if pny,		(b)	ACUTE M	YOCARDI.	AL INFARCTI	ON		-			
		cause to statin	g the	1	R AS A CONSE		V DICEACE						
		DART 2 OTHER SIGN	NEIC ANIT				Y DISEASE	TEDANINI	AL DISEASE OF CON	DITION GIVEN II	NI DA DT 1	0	
	Z	PART 2 OTHER SIGN	VILICAINT	CONDITIONS CO	ONTRIBUTING	TO DEATH BOT	NOT KEENTED TO THE	I L K/V(II 4	AL DISEASE ON COIN	DITION ON CHI	1 010	u .	
J	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	206 IF YES, WE			
7	TIF	- H							YES NO	YES [	)	NO [	
1		21a ACCIDENT WAS UNE	L-	21b TIME C		DAY YEAR	21c HOW INJURY OF	CURRED	(ENTER NATURE OF INJUI	TO THEM IS PART	OR PART /		
4	CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		ALTI		19							
ĵ.	MEDICAL	216 INJURY OCCURE			OF INJURY	FICE FARM ETC )	211 LOCATION STREET		(ITY OR TO	wN	COUNTY	6	TATE
	~	WHILE NOT WH	Rk -					0.0	700 4	A !	20		
		22a I certify that 🗙	(this hosp	atol) oftended the	e deceased fro			87	. to 3/10	19_		that XIV	
		saw the decease above, New to	ed olive or	view the body	ofter death.	, , , , ,	nd that in (in (aur) op	inian dec	ath occurred on the de	ate and hour and			ated
		226 SIGNATURE					DEGREE ATTENDI	NG	MEDICAL STAI	F	776 DATE	SIGNED	
				CI, MAJ	, USAF,	MC	PHYSICIA 172 ADDRESS	AN X	DIRECTOR PHYSIC	IAN 🗌	27 (	OCT 8	7
		27d. PHYSICIAN'S NA	AMPTIYPE	OR PRINT)								200	
	_	0		ww		X	MALCOLM GR			EN AAFB	, MD	203	31
		remation.	REMOVAL	10/30			Crematory	Y	Clintor				
	24 FI	UNERAL DIRECTOR	Lee	Funera	l Home	, Inc.	250	DATE	REC'D. BY REGISTRAP	256 REGISTRAR	SSIGNA	TURE	-MD

DHMH - 16 60M 7/84

BP.

(VRA 15, 4) 6633

IMPORTANT If Hem 21 is marked at Hem 18 sh

TO FUNERAL DIRECTOR After this certificat

Old Alexander Ferry Rd Clinton, Md 20 1987 1 in Dividen Randack

4,1987

11800 N.H. Ave.,

Silver Spring, Md.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY own home 3800 Lottsford Vista Road 20716 Fennel 10015 Valley Forge Dr. Robert L. Kiely, Sr.Lansdale, PA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES. WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED STAFF DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Lansdale Montgomery PATE St. Stanislaus Cemeter BY BEGISTRAR 256 REGISTRAR S SIGNATURE

REG NO

Oct. 31

26 HOUR

19878:55 PMM

DHMH - 16 60M 7/84 (VRA 15. 4)

230 BURIAL, CREMATION, REMOVAL

Burial

Άነዛሬያ/Rifilaldi Funeral Home

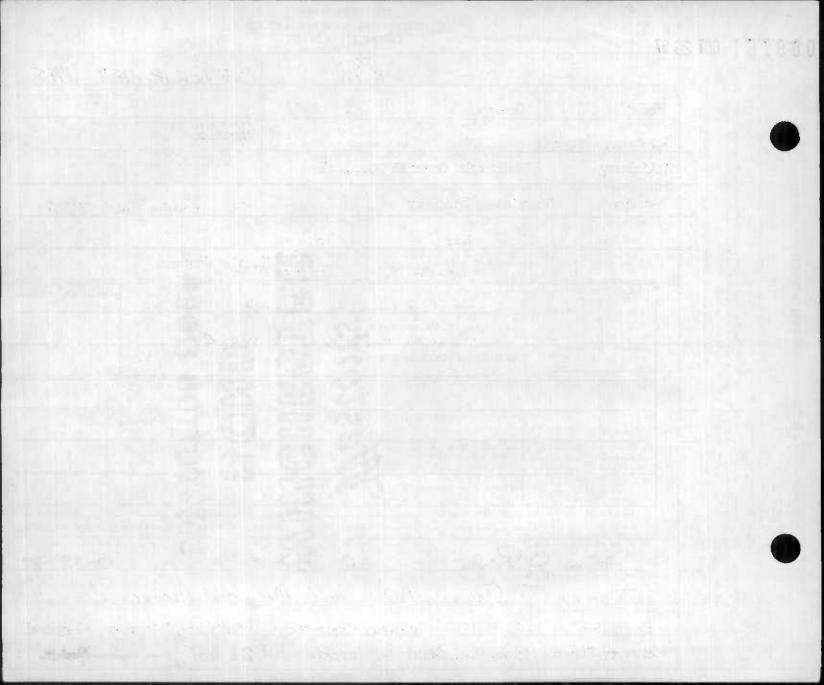
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

117 001	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG NO	0 0 0 2
3 1 7 001 -8		CEASED NAME FIRST WILLER	lfred J.	K	Kiely IELY	20 DATE OF DEATH MONTH	02 87 6:45pm
and the last	3 SEX	MALE	4 RACE White	S DATE C MONTH June		6 AGE (IN YEARS LAST BIRTHDAY)  75 YRS	
		New York	7b CITIZEN OF WHAT COUNTRY? United States	WIDOWE		PRINCE G	EURGES MD
1386	C	LINTON		ADDRESS) ARYLA	ND HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Salesman	126 KIND OF BUSINESS OR INDUSTRY Photography
1 15	130. S Ma	aryland Anne A	other institution give residence before ITY 130 CITY OR TOW Lothian		YES NO 📉	13e STREET ADDRESS / ZIP CO 311 Ella Drive	
1 11/12	0	P. J	Joseph Kiely		15 MOTHER'S MAIDEN NAM FIRST Elizabeth	MIDDLE G.	Dee
on and s. Pages		VAS DECEASED EVER IN U.S. ARA TES NOOR UNKNOWN) (IF YES GIVE  Yes WW I	E WAR OR DATES)		Jeannette Ki	ely, Same as 1	
o physic or page exemped exemped		PART L DEATH WAS CAUSED	ly one couse per line far 101, boand DBY E CAUSE (a)	Spir	atory fail	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death of		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF	Septicemon Pneumon	æ	
The state of the s		cause (a) stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	Preumon	a	
the requires	IFICATION	PART 2 OTHER SIGNIFICANT C	onditions contributing to in tein Color	rie	malnetriti	on Steop	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
CLAN The	CERT	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	YES NO ENTER NATURE OF INJURY IN ITEM	YES NO
to Person	MEDICAL	21d INJURY OCCURRED  WHILE NO! WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	LITY OF TOWN	(OUNTY I'A!E
ATTENDA appel = CTOR A d for use of c of Health		270 I certify that (I) (this haspit sow the deceased alive an above, (I) (we) (did) (did not	tal attended the deceosed from 10 2 19 8	70		to 102 death occurred an the date and h	
TALOR 7 He ha 8ALDR detuchs note Due			she faute			MEDICAL STAFF DIRECTOR PHYSICIAN	10 2 87
A MAGAN			NDRA, MI	)	Clint		d, #710
BP		BURIAL CREMATION REMOVAL CREMATION CREMOVAL			EMETERY OR CREMATORY litan Cremator	4	, Virginia
DHMH 16 60M 7/B4 (VRA 15, 4)	24 FI		hard Rapp, Ing 2, Washington,	DC :	20010 OCT	e rec d by registrar his hed	Sandan Market

(VRA 15, 4)

STATE OF MARYLAND

761 0072	1 -	FOR STATE REGISTRAR			DEP		HEALTH AND MENTA		NE /		5 5	<u> </u>
deoih deoih 7		CE ASED NAME OR PRINT;	mily	Su	MIDDLE	*	Kim	2	OCTOBER	18,19	787	26 HOUR 1745 M
ge 4 moy	3 SE	emale	4	Oriento	al ()	5 DATE 10	OF BIRTH 02 1987	Ž <sup>R</sup>	AGE (IN YEARS LAST BIR	YRS	IF INDER YEAR	IF NDER JUHR
deoth Po	So	RTHPLACE ATEOREC	yland	CITIZEN OF	.A.	MARR		D (Z)	Wicomico			MD
by the fulled with	Sa	TY OR TOWN OF DEAT Lisbury		Penins			or other institution ospital		20 USUAL OCCUPATION OF THE OF WORK FOR MOST O			F BUSINESS OR
-fulled in nould be	130	AL RESIDENCE (IF NURSIN TATE Maryland	13b COUNT WICO	mico	Salisb	TOWN ULY	YES NO	]	3e STREET ADDRESS / 1405 Toad	zip code vine R	Road 2	1801
ompletely and 2 st	1	THER'S NAME FIRST Man	ŀ	DDIE	Kim		Tok	DEN NAME	MIDOLE		Son	ī
on ond co		VAS DECEASED EVER II YES NO OR UNKNOWN)		ED FORCES? VAR OR DATES!		8-3187	Same	an K	13e (Fath	er)		
g physicis son poper removal		18 CAUSE OF DEATH PART I DEATH WA	I (Enter only AS CAUSED IMMEDIATE	BY	1	io pulm	enary A	rres	5-1		BETWEEN	IMATE INTERVAL ONSET AND DEATH
ed by the ottendinglesse remove corting, cremotion, or		Conditions, if any, gove rise to immicouse a stating underlying couse	ediote the lost	DUE TO, OI		SEQUENCE OF	IT NOT RELATED TO THE		SEASE OF CONT	DITION GIV	EN IN PART 1	
hos been sign permit Then ene prior to bi	ERTIFICATION	190 DATE OF OPERATI					ON WAS PERFORMED		200 AUTOPSY?	206 IF YES	, WERE FINDIN YING CAUSES	NGS USED
ICIAN TII	0	210 ACCIDENT WAS UNDER	AUSE OF OF ATH	215 TIME O HOUR A	M. MONTH	DAY YEA	R	OCCURRE	D (ENTER NAT IRE OF INJUI	RY IN ITEM 18 P.	ART OF PART,	
ottending fer this ci s the bur s the bur rked or it	MEDICAL	21d INJURY OCCURRI		21e PLACE	OF INJURY	FFICE FARM ETC)	211 LOCATION STREET		C (14 OF 10	wn	COUNTY	JTATE
TTENDIN pitol or TOR At for use o of Heolith 21 is mo		27a I certify that (l) ( saw the decease above, (l) (we) (d)	d alive on_				, 19_ and that in (my) (aur) a		to eath accurred on the do			that N (we last
O HOSPITAL OR A setomed by the hos TO FUNERAL DIRECT Should be detoched with the Stote Dept MPORTANT. If them		22b SIGNATURE	- 9	Pay	bn.	().	M.O ATTEND PHYSIC  270 ADDRESS	DING CIAN	MEDICAL STAL	F IAN []	221 DATE	SIGNED 18-87 2184
shouth the MPO	23 o	BURIAL, CREMATION, R	REMOVAL	236 DATE	1760	230 NAME OF	CEMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN	ier. Le	COUNTY	bei Ach
BP	-	Cremation		10/19/	1987	Salisbu	ry Cremator		Salisbury,	Wicor	nico, M	aryland
DHMH 16 60M 7 84 (VRA 15 4)		uneral director followay Fur	neral H	Home, F	.A., S	alisbury,		UCT	21 1987		RAR'S SIGNAT	inflate.



16 60M 7/84

(VRA 15, 4)

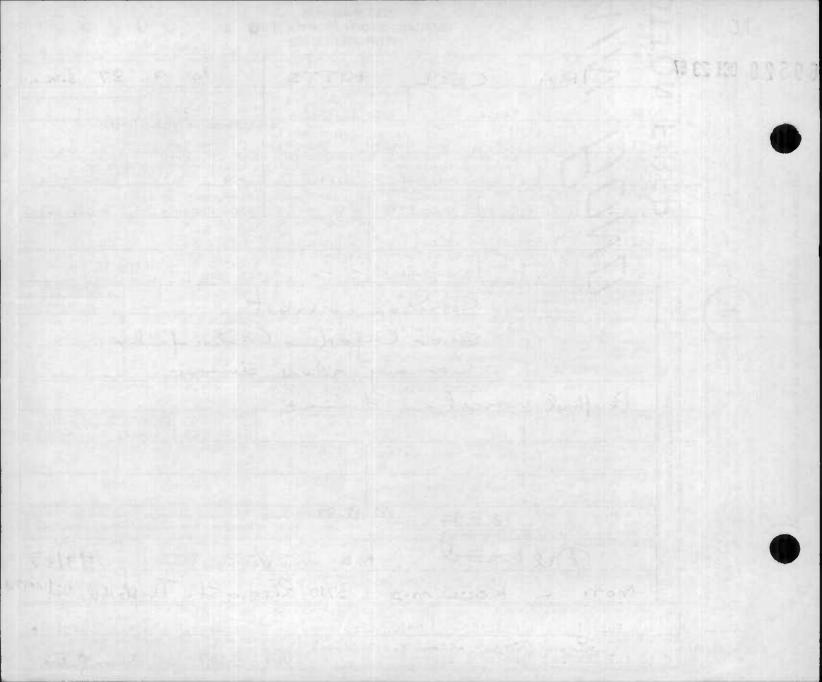
2209 S Street, S.E., 20003 Gibbons 17 INFORMANT 7734 Wash. Blvd., Lot 51, Rixey C. King, Baltimore, Md. 21227 APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF CITIZENERY FRANK influences PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :: IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Burial Cedar Hill Cemetery 10-31-87 Suitland. FRANCISOGASCH'S SONS FUNERAL HOME, P.ANTY REC 2 4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6952:0

(VRA 15.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
- STATE REGISTRAR	CERTIFICATE OF DEATH

	REGISTRAR			ERTHICATE OF DEATH	REG. NO.	
		FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
度 1 23 or "	PE OR PRINT)	2A (	CECIL	KITTS	10.0	7. 87 3.46 A
š 3 S	EX	4 RACE	5	DATE OF BIRTH	6 AGE (IN YEARS EAST BIRTHDAY	
sofi	Male	Cauc	asian	June 19,1915	72	MONTH DAY HOURS MIN
~	BIRTHPLACE HETATE OF FOR		WHAT COUNTRY? 8		9 BALTIMORE CITY OR CO	
36 7	COUNTRY	II C		MARRIED X NEVER MARRIED		
	irginia CITY OR TOWN OF DEATH	U.S.A		VIDOWED DIVORCED HOME OR OTHER INSTITUTION	Prince Geor	126 KIND OF BUSINESS C
354		(IF NOT IN SU	CH FACILITY, GIVE STREET ADD	PRESS)	(TYPE OF WORK FOR MOST OF WO	
= 080	Clinton UAL RESIDENCE (# NURSING		ern Marylan		Cook	Restaurant
		36 COUNTY	130 CITY OR TOWN	MISSION)	13e STREET ADDRESS / ZIP	CODE
All property from		Prince Georg	es Oxon Hi			r Hills Rd. 2074
N 2 14 1	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	
1 (3/)	William	Thomas	Kitts	Cynthia	Elizabeth	Tibbs
	WAS DECEASED EVER IN		166 SOCIAL SECURIT		ADDRESS ADDRESS	11 1 1 1 D 1
b. poo	Yes no or unknown)	W.W. II	579-14-64	41 7ettie R	4801 wheel Kitts Oxon Hill	er Hills Road
ā ē/ =				<del></del> -	KILLS OXOII HILL	APPROXIMATE INTERVAL BETWEEN ONSET AND BEAT
84	PART I DEATH WAS	Enter only one cause pe S CAUSED BY	r line for ra , the and is		L	BETWEEN ONSET AND BEAT
100	IA	AMEDIATE CAUSE (0)	01201	ac arra	12.	
50.6		DUE TO, C	OR AS A CONSEQUENC	EQE -	000	A .
111	Conditions, if ony, v	which (b)_	Sever	Confelling	Caroles Is	ile
111	gave rise to immed		OR AS A CONSEQUENC	606		
# F 1	underlying couse		Cores	- A A B.41	dinea	
150	PART 2 OTHER SIGNIE	FICANT CONDITIONS C		THE BUT NOT BELATED TO THE A	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART La
N S	Pa. LP	0 15-	1		MANUAL DISEASE ON CONDING	NO CONTENTIANO EG
CERTIFICATION	19a DATE OF OPE ATIO	ON 119b CONE	DITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDINGS USED
F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					IN IN	CERTIFYING CAUSES OF DEATH?
1 8 9 H	210 ACCIDENT WAS UNDER	RLYING T 216 TIME C	OF INTURY	11. HOW MILLIPY OCC	YES NOXX	YES NO
And the second s	OR CONTRIBUTING CAL		.M. MONTH DAY	YEAR THE WINJURY OCC	URRED (ENTER NATURE OF INJURY IN I	TEM 18 PART DRPART ?
CAL	(IF EITHER NOTIFY MEDICAL		M.	19		
WED G L	21d INJURY OCCURRED		OF INJURY TREET FACTORY OFFICE FARM	211 LOCATION	CITY OR TOWN	OUNTY -IATE
the state of	AT WORK NOT WHILE					
101	22a I certify that (I) (th	his hospital) attended th	he deceased from	10.0.87 19	ta	19 that I (we le
14.5	sow the deceased	olive on	2-d7 10	, and that in (my) (our) opini	an death occurred on the date a	nd hour and from the couses stated
This	22b SIGNATURE	(did nat) view the body	offer death	DEGREE		22¢ DATE SIGNED
68.5		n 0 1-	37	ATTENDING	MEDICAL STAFF	1-1-1-
8 5 2	224 PHYSICIAN'S NAM	100			DIRECTOR PHYSICIAN	10/9/8/
27 4	22d PHYSICIAN'S NAM			27e ADDRESS	-1 -1	- 101.10 . 120
3=8/	MOTI	L KI	DUL Mi	D 3710, K	14162 24- 1	emple Hill, Mod
230	BURIAL, CREMATION, RE			ME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
	Burial	10/12/	/87   IIni	on Cemetery	Leesburg I	oudoun Virginia
24						
16 60M 7/84	FUNERAL DIRECTOR	(17)	Lacchura	, Va. 22075	DATE REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE



	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEN /	J J	5 5	3
	MIDDLE	L.	AST		MONTH DAY	YEAR	26 HOUR
	М.		ine ,Jr.	101	5/87		11 27 M
ACE		5 DATE C		6 AGE (IN YEARS LAST THE			IF UNDER , a HRY
White	е	12	14 1929	57	YRS		Allia
ITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYO	FDEATH	
U.S	. A .	WIDOWE		Prin	ce Geor	rges	MD
			R OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12h KIND OF	BUSINESSOR
	H FACILITY, GIVE STREET A		nital Ctm	TYPE OF WORK FOR MOST O		INDUSTRY	Police
	GIVE RESTDENCE BEFORE		pital Ctr.	Police Of	ricer	D. C.	rollce
RINSTITUTION	13c CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
eo.	Oxon Hi	11	YES X NO	1410 Dunwo	ody Ave	e/2074	5
LE.	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
i.E	Kline,	Sr.	Vadah	WIDDLE		Phill	ips
FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDRE	SS		
R OR DATES)	229-32-8	000	Dahasaa T V	line or	in ite	m13	
	1		Rebecca T. K	Time as	TH Tre		ATE INTERVAL
AUSE (a)	Falle and	Coll	to pulnura	arrest		BETWEEN ON	ATE INTERVAL NSET AND DEATH
ıb)	R AS A CONSEQUE	KR.	MI	2			
16)	May	WORK	· Medi	Me		<u> </u>	
ditions <u>co</u>	ontributing to d	EATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART IIa	
196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
				YES NO	YES		NO []
216 TIME C HOUR A.		Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	ORPART 21	
21e PLACE	OF INJURY REET FACTORY OFFICE FA	ARM ESC	TH LOCATION	CITY OR TO	WN	LOUNIY	JA1E
Set	e deceased fram	For	1919191	death accurred on the de	) 19 ate and have a		nat II: <del>two</del> last
1/)			DEGREE			22c DATE S	IGNED

710 ACCIDENT WAS UNDERLYING 21h TIME HOUR OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACI (AT HOME WHILE NOT WHILE AT WORK 220 I certify that (I) (His hospital) offended, saw the deceased alive an abave (1) two the b 226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS 6357 Oxon Hill Rd. Oxon Hill, Md. 20745

Stephen T. Ong M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 10-7-87

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Burial

Nat'l. Memorial Park

Falls Church Fairfax Va.

FOR - STATE REGISTRAR DECEASED NAME

Male To. BIRTHPLACE INTATE OFFOREIGN

Clinton

Washington, D.C.

George

Canditians, if any, which gave rise to immediate cause la stating the

underlying cause last

190 DATE OF OPERATION

IO CITY OR TOWN OF DEATH

Maryland

4 FATHER'S NAME

No

CERTIFICATION

3 SEX

George

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO 130 STATE 13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED 8Y

PART 2 OTHER SIGNIFICANT CONDITIONS

4 RACE

Pr. Geo.

MIDDLE

Μ.

(IF YES GIVE WAR OR DATES

IMMEDIATE CAUSE (a)\_

76 CITIZEN OF

II NAME OF (IF NOT IN SI Souther

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

100

BP.

DHMH 16 60M 7/84

(VRA 15, 4)

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG NO		- 1
	ECEASED NAME	FIRST		MIDDLE	i i	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
87		John		Jouett	KL	INE	October 14, 19	87	8:12p/
3 5	EX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	FINDER YEAR	
	MALE		CAUCAS	IAN	NOVE	MBER 19,1927	59 YRS	mote a b	NO N MIN.
70 E	BIRTHPLACE (STATE OF	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
V	VASHINGTON	DC	USA		WIDOWE		Prince Georg	e's	M
10.0	CITY OR TOWN OF DE		11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OF
	Lanham		Doctors	Hospita	al of	Pr. Geo. Co.	PRINTER .		PRINTI
USU 130	JAL RESIDENCE (IF NUE	13b COU		GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	OFFI	
N	IARYLAND		GEORGES	COLLEGE		YES NO	8832 EDMONSTON		20740
14 F	ATHER'S NAME	-				15 MOTHER'S MAIDEN NA	ME		
	JOSEPH		N.	KLIN	E	GERTRUDE	WIDDIE	DI	JFFE
16a	WAS DECEASED EVE			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS		
	YES NO OR UNKNOWN)	1945	-46	579-24-6	316	SHIRLEY KLIN	E/WIFE/SAME AS 1	.3	
F	_	TH (Enter o	nly one course per	line fai (o), (b), one		1			XIMATE INTERVAL LONSET AND DEATH
	PART L DEATH \		TE CAUSE (a)	Klope	aso	my Fails	~		
			DUE TO, O	R AS A CONSEQUE	NCE OF				
	Conditions, if on		( (b)_	Ruhr	3.	-muh plan	In Fis holo	٠	
	gove rise to in couse (a), stat	ing the	DUE TO, O	R AS A CONSEQUE	NCE OF				
	underlying caus	e lost	( (c)_	Wim th	rger	ric Car con	ramer 8 1. Bu	feetin	
7	PART 2 OTHER SIG	MIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GI	VEN IN PART 1	(1)
CERTIFICATION									
ICA	190 DATE OF OPER	Chang.		. 1	PERATIO	N WAS PERFORMED		ES, WERE FINDII IFYING CAUSES	
F	,		-	- 0	ensy	to tula		ES 🗌	NO 🗌
	OR CONTRIBUTING		110110 4	.M. MONTH DA	YEAR	716 HOW INJURY OCCURR	RED LENTER NA TRE OF INJURY IN LEM 8	PART JRPART	
CAI	LIF EITHER NOTIFY MED	DICAL EXAMINE	R) P	Μ.	19				
MEDICAL	21d INJURY OCCUI			OF INJURY	ARM ETC ;	211 LOCATION	CITY OF TOWN	CUNTY	1 ATE
	AT WORK AT W	ORK L							
	220.1 certify that (				ma		10/0-14-		that It (we) las
1	above (I) (we)	sed olive oi (did) (did n	at view the body	ofter death	1 01	nd that in [my] (our) opinion (	death occurred on the date and ha	ur and from the	couses stated
	226 SIGNATURE		5-1	4.		DEGREE	MEDICAL STAFF	22c DATE	ESIGNED
	1 ahr	lin		11-1		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
	778 PHYSICIAN'S N	AME TYPE	OR PRINT)	5		??e ADDRESS			
			fan M.D.			6510 Kenilwo	orth Ave., River	dale, M	d. 20737
230	BURIAL, CREMATION	REMOVA	1 236 DATE	23c N	NAME OF C		23d LOCATION		

BP.

MPORTANT

(SPECIFY)

DHMH = 16 60M 7-84 (VRA 15, 4)

OCT19,1987 BURIAL

230 NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

ROCKVILLE MONTGOMERY MARYLAND

74 FUNERAL DIRECTOR FRANCIS J. COLLINS. JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

OCTES

10/31/87

24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

(VRA 15.4) 6633 Old Alexander Ferry Rd Clinton, Md 20735

FOR

230 BURIAL, CREMATION, REMOVAL

Buria1

DHMH 16 60M 7/B4

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM IS PART OF PART) 220 DATE SIGNED GALLANT FOX, BOWIE, MP. 23c NAME OF CEMETERY OR CREMATORY Suitland Prince George's Md. Cedar Hill Cemetery 750 DATE REC D BY REGISTRAR 254, REGISTRAR'S SIGNATURE Mia Divideon Randales

26 HOUR

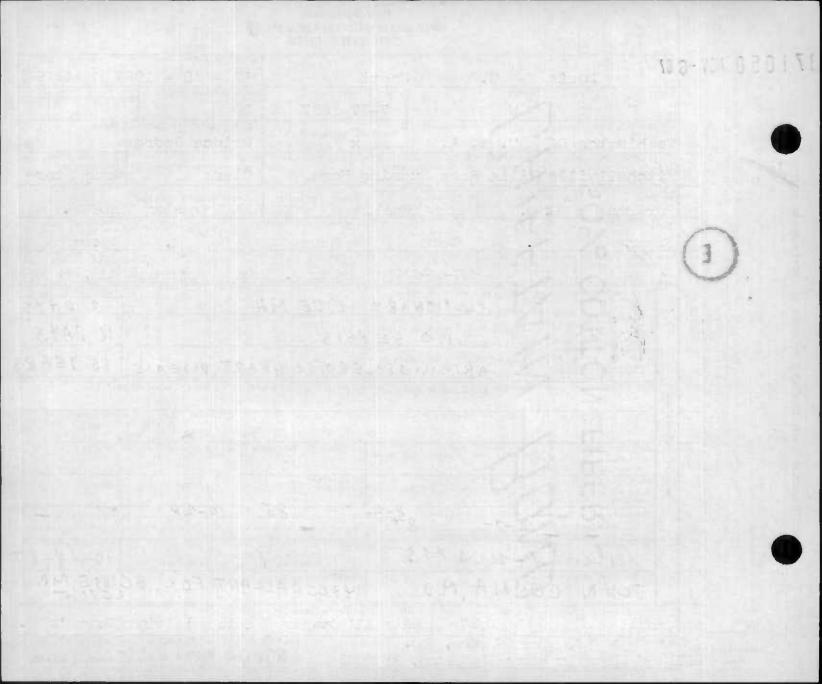
7h KIND OF BUSINESS OR

Store

INDUSTRY

Drug

Young



ALOR ATTENDING PHYSICIAN The the hospital or attending physician

by

BP. DHMH - 16 60M 7 (VRA 15, 4)

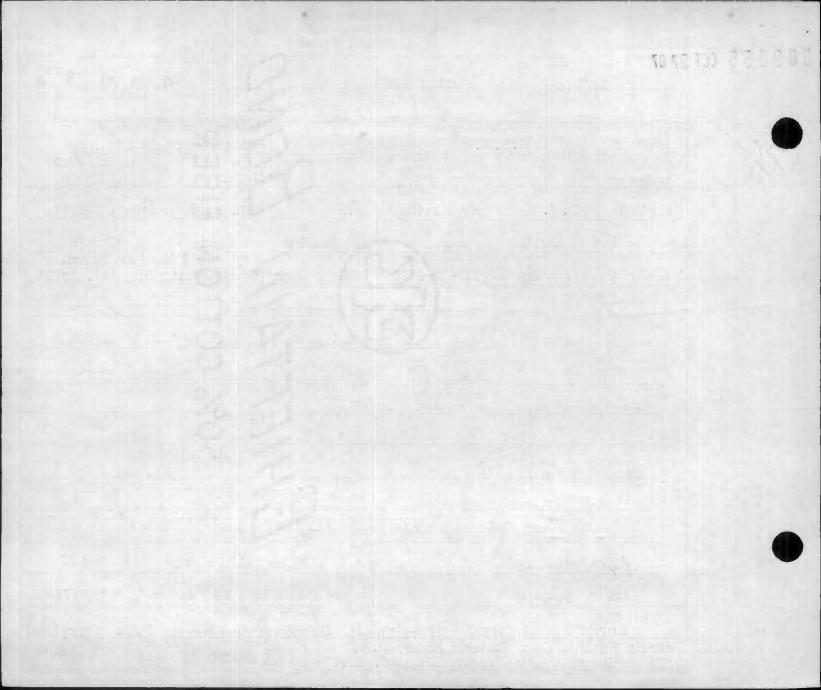
069855 069855 069855 069855

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

30359

-	REGISTRAI								REG. NO				
1 27	SEC ASED NA	AE FIRS!		WIDDLE		LAST		20 DATE OF DE	EATH MO	HINC	DAY	YEAR	2b HOUR
111	TYPE DEPRINT	IRVIN		Gustav	KOCF	1			1	0	19	81	325
3 3	SEX	TIVVIN	4 RACE	Gustav	5 DATE C	OF BIRTH		6 AGE IN YEAR			IF INT	REP - FAR	it Mith 4
I <sub>M</sub>	MALE		WHITE		MONTH 09	DAY 24	28	59		YRS	Z	2 AL 1	Pi ji
	BIRTHPLACE	H'E REIN		OF WHAT COUNTRY?	8	D X NEVER M.		9 BALTIMORE	CITY OR C		Y OF D	EATH	
M	laryland		U.S.	Α.	WIDOWE		ORCED	Prince	Geor	'qe's	Co	ount	V
10	CITY OR TOW	OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTI	NOITUT	12a USUAL OC	CUPATION	V	1 K		Auto
R	RIVERDAI	E.MD.		ND MEM. HOS				Owner	or MOSTOF W	ORKING UI		Radia	tor
130	SUAL RESIDENCE	E HE NUR ING HOME	OR C'HER INSTITUTE	13c CITY OR TOW	N	13d INSIDE CIT	Y LIMITS?	II3. STREET ADI	DRESS / 7	IP CODE	F		
M	Maryland	P. (	J.	Hyattsvi	lle	\V	40 🗌	130 STREET ADD 4015 M	adiso	n St	tree	et 2	0781
14	FATHER'S NAM		MIDDLE	(AS)		15 MOTHER'S	DC.1		AIDDIF				
1	Will	iam (	Gustav	Koch		Pa	uline	Ma	rie			Grae	_
	THE NUMBER OF THE	ED EVER IN U S	ARMED FORCES		RITYNO	17 INFORMAN	T		4018	Madi	isor	1 Str	eet
Y	es-Arm	y Ko	orean	213-24-3	460	William	Koch	(Son)	Hyatt	tsvil	le,	Md.	2078
	18 CAUSE	DEATH Enter	only one cause p	per line for o b on			,	4				BETWEEN C	MATE INTERV
	PARILI			Candada a	mest	120th Alan	wording a	Med.				mm	uter
			IATE CAUSE (a)	( 30 of 1, 20 C)		00 - 1 700 - 7						101000	
5	> 9			OR AS A CONSEQUE	NCE OF		B 50					101000	
1		If ony, which			NCE OF		B 50		ng obst	linetin	7	min	vt.
7	gave rise	if any, which to immediate stating the	DUE TO.	OR AS A CONSEQUE Acute hype OR AS A CONSEQUE	ENCE OF	ne to asp	B 50		ng obst	livetin	1	min	at,
7	gave rise	if any, which to immediate	DUE TO.	OR AS A CONSEQUE	ENCE OF	ne to asp	B 50		ng obit	linetin	7	min	at,
7	gave rise cause (1) underlying	if any, which to immediate stating the cause last	DUE TO.    b1.   DUE TO.   c1.   T CONDITIONS	OR AS A CONSEQUE Acute hype OR AS A CONSEQUE	ENCE OF Me L	me to asp	usetin	and arm	/			min	nt,
NOIL	gave rise cause (1) underlying	if any, which to immediate stating the cause last.  HER SIGNIFICAN we obstance	DUE TO.  DUE TO.  DUE TO.  C1.  T CONDITIONS	OR AS A CONSEQUE A CATE My OR AS A CONSEQUE CANCER OF CONTRIBUTING TO I	ENCE OF ENCE OF Whe Le DEATH BUT	are to any	O THE TERM	and ann	DR CONDIT	ION GIV	/EN IN	man week	n et a
FICATION	gave rise cause (1) underlying	if any, which to immediate stating the cause last	DUE TO.  DUE TO.  DUE TO.  C1.  T CONDITIONS	OR AS A CONSEQUE A CATE MAY OR AS A CONSEQUE CANCER OF	ENCE OF  ENCE OF  Whe Le  DEATH BUT	are to any	O THE TERM	and arm	PR CONDIT	ION GIV	/EN IN	man week	GGS USED
RTIFICATION	gave rise cause (1) underlying	if any, which to immediate stating the cause last.  HER SIGNIFICAN MICE OPERATION	DUE TO.  DUE TO.  C1.  T CONDITIONS  THE DESIGNATIONS  1196 CON	OR AS A CONSEQUE  OR AS A CONSEQUE  CANCER OF  CONTRIBUTING TO I  MEN ANGEL  HOLTION FOR WHICH	ENCE OF  ENCE OF  Whe Le  DEATH BUT	NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT THE PERFORMANCE TO THE PE	O THE TERM	INAL DISEASE O	OR CONDIT	Ob IF YES	S, WER	PART I O	n e
CERTIFICATION	gave rise cause ill underlying PART 2 OT Christian 19a DATE O	if any, which to immediate stating the cause last.  HER SIGNIFICAN we obstance	DUE TO.  DUE TO.  CL.  T CONDITIONS  196 CON  216 TIME	OR AS A CONSEQUE A CATE My OR AS A CONSEQUE CANCER OF CONTRIBUTING TO I	ENCE OF ENCE OF MAR LA DEATH BUT  DEATH BUT  OPERATIO	NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT THE PERFORMANCE TO THE PE	O THE TERM	and anni	OR CONDIT	Ob IF YES	S, WER	PART I O	GS USED OF DEATH
	gave rise cause ill underlying PART 2 OT Christian 19a DATE O	if any, which to immediate stating the cause last.  HER SIGNIFICAN AND CONTROL OF OPERATION  I WAS UNDERLYING TIMES OF CHIEF MEDICAL EXAMI	DUE TO.  DUE TO.  CI_ T CONDITIONS  196 CON  216 TIME HOUR  NERI	OR AS A CONSEQUE CAMENTAL  OR AS A CONSEQUE CAMENTAL  CONTRIBUTING TO E  MARKET  AMERICA  OF INJURY  A.M. MONTH DA  P.M.	ENCE OF ENCE OF MAR LA DEATH BUT  DEATH BUT  OPERATIO	NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT WAS PERFOR.	OTHE TERM MED URY OCCURR	INAL DISEASE O	OR CONDIT	Ob IF YES	S, WER	PART I O	GS USED OF DEATH
MEDICAL CERTIFICATION	PART 2 OT Chron 19a DATE O 21a ACCIDER OR CONTRIBUTION 21d INJURY 21d INJURY	if any, which to immediate stating the cause last.  HER SIGNIFICAN TO PERATION  TWAS UNDERLYING CAUSE OF THEY MEDICAL EXAMINATION OCCURRED	DUE TO.  DUE TO.  1 CONDITIONS  196 CON  216 TIME HOUR  NERI  216 PLACE	OR AS A CONSEQUE CARRENT OF CONTRIBUTING TO E  CONTRIBUTING TO E  CONTRIBUTION FOR WHICH  COFINJURY A.M. MONTH DA	INCE OF THE LANDEATH BUT INCE OF THE LANDEATH BUT INCE OPERATION O	NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT THE PERFORMANCE TO THE PE	OTHE TERM MED URY OCCURR	INAL DISEASE O	OR CONDIT	Ob IF YES	S, WEREYING	PART I O	GGS USED OF DEATH NO
	PART 2 OT  Christ 19a DATE O  21a ACCIDET OR CONTRIBL IF EITHER A  21d INJURY W. E W. Rx	if any, which to immediate stating the cause last.  HER SIGNIFICAN  TOPERATION  I WAS UNDERLYING  I WAS UNDERLYING  COCCURRED  COCCURRED  COCCURRED	DUE TO.  DUE TO.  CL.  T CONDITIONS  196 CON  196 CON  216 TIME HOUR HOUR 1AT HOME	OR AS A CONSEQUE  CARLE DE J  CONTRIBUTING TO E  CONTRIBUTION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  TE OF INJURY  IREEL FACTORY OFFICE F	INCE OF THE LANDEATH BUT INCE OF THE LANDEATH BUT INCE OPERATION O	NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT WAS PERFOR.	OTHE TERM MED URY OCCURR	INAL DISEASE O  200 AUTOPS  YES N  RED LENIES VA RI	E PINJUKS IN	OD IF YES	S, WEREYING	PART III CAUSES	GS USED OF DEATH NO
	PART 2 OT  Character  19a DATE O  21a ACCIDEN  OR CONTRIBUTION  21d INJURY  21d INJURY  22a 1 certifi	if any, which to immediate stating the cause last.  HER SIGNIFICAN  HER SIGNIFICAN  HER SIGNIFICAN  COPERATION  WAS UNDERLYING  TIME CAUSE OF THEY MEDICALEXAMI  OCCURRED  NOW WHILE  AL WEIGHT  THAT IT (BUS DO	DUE TO.  DUE TO.  T CONDITIONS  T 196 CON  T 196 CON  T 216 TIME  HOUR  NERI  21e PLAC  LAT HOME	OR AS A CONSEQUE  CARLES OF THE MENT OF TH	OPERATIO	NOT RELATED TO NUTS PERFORM  216 HOW INJUSTICE  216 LOCATION 18EEL	O THE TERM MED URY OCCURR	INAL DISEASE O	R CONDIT	OD IF YES	VEN IN  S, WEREYING ES   PART 19	PART I GE FINDIN CAUSES	GS USED OF DEATH NO
	PART 2 OT  Chronian  19a DATE O  21a ACCIDEN  ON CONTRIBL  W. R.  27d INJURY  Sow the above.	if any, which to immediate stating the cause last.  HER SIGNIFIC AN THE COPERATION  I WAS UNDERLYING THEY MEDICAL EXAMPLE AND COLUMRED AND COLUMRED THEY MEDICAL EXAMPLE AND COLUMN TO COLUMN THEY MEDICAL EXAMPLE THAT IT (Mus. ha deceased alive billion ideal)	DUE TO.  DUE TO.  CI  T CONDITIONS  196 CON  216 TIME HOUR NERI  21e PLAC 1AT HOME	OR AS A CONSEQUE  CAME MY  OR AS A CONSEQUE  CAME MY  CONTRIBUTING TO E  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  IRREL FACTORY OFFICE F  the deceosed from  TOTAL	INCE OF THE LANDEATH BUT HAS OPERATION OPERATION AY YEAR 19	NOT RELATED TO MUSICIPAL TO THE LOCATION TO TH	O THE TERM MED URY OCCURR	INAL DISEASE O	R CONDIT	OD IF YES	S, WERE TYING	PART India CAUSES	GGS USED OF DEATH NO
	PART 2 OT Chron 19a DATE O 21a ACCIDER OF CONTRIBUTION 21d INJURY 22a L certific	if any, which to immediate stating the cause last.  HER SIGNIFIC AN THE COPERATION  I WAS UNDERLYING THEY MEDICAL EXAMPLE AND COLUMRED AND COLUMRED THEY MEDICAL EXAMPLE AND COLUMN TO COLUMN THEY MEDICAL EXAMPLE THAT IT (Mus. ha deceased alive billion ideal)	DUE TO.  DUE TO.  CI  T CONDITIONS  196 CON  216 TIME HOUR NERI  21e PLAC 1AT HOME	OR AS A CONSEQUE  CAME MY  OR AS A CONSEQUE  CAME MY  CONTRIBUTING TO E  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  IRREL FACTORY OFFICE F  the deceosed from  TOTAL	OPERATION  AY YEAR  19  ARM ETC.	NOT RELATED TO NOT RE	OTHETERM MED  URY OCCURR  19 93	INAL DISEASE O	R CONDIT	Ob IF YES	S, WERE TYING	PART III OF THE PART III OF TH	GGS USED OF DEATH NO   chat I was stated as a signed by the control of the contro
	PART 2 OT Chan 19a DATE O  21a ACCIDEN ON CONTRIBUTION 21d INJURY 22a L certification 22b SIGNA B	if any, which to immediate stating the cause last.  HER SIGNIFICAN TO PERATION  TO WAS UNDERLYING CAUSE OF THEY MEDICAL EXAMS  OCCURRED  NO WHILE CAUSE OF THE C	DUE TO.  DUE TO.  1 CONDITIONS  196 CON  196 CON  216 TIME HOUR HOUR LAT HOME  21e PLAC LAT HOME	OR AS A CONSEQUE  CAME MY  OR AS A CONSEQUE  CAME MY  CONTRIBUTING TO E  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  IRREL FACTORY OFFICE F  the deceosed from  TOTAL	OPERATION  AY YEAR  19  ARM ETC.	NOT RELATED TO NUTS PERFORMENT LOCATION TREET	OTHETERM MED  URY OCCURR  19 93	INAL DISEASE O	R CONDIT	Ob IF YES	S, WERE TYING	PART India CAUSES	GGS USED OF DEATH NO  accuses state SIGNED
	PART 2 OT  Character  19a DATE O  21a ACCIDEN  OR CONTRIBUTE  OR C	if any, which to immediate stating the cause last.  HER SIGNIFICAN PROPERTY OF THE STATE OF THE	DUE TO.  DUE TO.  1 CONDITIONS  196 CON  196 CON  216 PLACE 1AT HOME  216 PLACE 1AT HOME  216 PLACE 1AT HOME  216 PLACE 1AT HOME	OR AS A CONSEQUE  CAME MY  OR AS A CONSEQUE  CAME MY  CONTRIBUTING TO E  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  IRREL FACTORY OFFICE F  the deceosed from  TOTAL	OPERATION  AY YEAR  19  ARM ETC.	NOT RELATED TO  NOT RELATED TO	OTHE TERM MED  URY OCCURR  Opinion of the property of the prop	INAL DISEASE O  200 AUTOPS  YES N  RED LENTES A RI  death occurred o	PR CONDITION 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ob IF YES	VEN IN  S, WER  YING  SS   19   2   1   1   1   1   1   1   1   1   1	PART IIIO EE FINDIN CAUSES  REFARE  To the text of the	GGS USED OF DEATH NO COUNTY STATE OF THE COUNT
MEDICAL	PART 2 OT  CLAM  19a DATE O  21a ACCIDET  OR CONTRIBL  IF EITHER A  21d INJURY  22a 1 certification  Sow the  above,  22b SIGNA  B  22d PHYSIC	if any, which to immediate stating the cause last.  HER SIGNIFICAN  THER SIGNIFICAN  TOPERATION  I WAS UNDERLYING  TIME CAUSE OF THE MEDICAL EXAMI  OCCURRED  THAT I (Hus had be deceased alive did (1) and (1	DUE TO.  DUE TO.  CL.  T CONDITIONS  196 CON  196 CON  216 TIME  HOUR  AND TIME  216 PLAC  [AT HOME  On PRINT]  WASSIN	OR AS A CONSEQUE  CANCER J  CONTRIBUTING TO E  CONTRIBUTION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  TE OF INJURY  TIREL FACTORY OFFICE F  the deceosed from  TOTAL TOTAL  TOTAL TOTAL  TOTAL	OPERATION  AY YEAR  19  APM ETC.	NOT RELATED TO NUTTURE TO MAS PERFOR.  216 HOW INJUSTICATION INTEREST TO AT PHONE ADDRESS 4404	OTHE TERM MED  URY OCCURR  19 53  Propinion of the propin	INAL DISEASE O  200 AUTOPS  YES N  RED PENTER LA RI  death occurred o  MEDICAL DIRECTOR	R CONDIT	Ob IF YES	VEN IN  S, WER  YING  SS   19   2   1   1   1   1   1   1   1   1   1	PART IIIO EE FINDIN CAUSES  REFARE  To the text of the	GGS USED OF DEATH NO COUNTY STATE OF THE COUNT
MEDICAL	PART 2 OT  CLAM  19a DATE O  21a ACCIDET  OR CONTRIBLE  IF EITHER A  27a 1 certift  sow the  27b SIGNA  BURIAL, CREA  (SPECIFY)	if any, which to immediate stating the cause last.  HER SIGNIFICAN PROPERTY OF THE STATE OF THE	DUE TO.  DUE TO.  CL.  T CONDITIONS  196 CON  196 CON  216 TIME  HOUR  AND TIME  216 PLAC  [AT HOME  On PRINT]  WASSIN	OR AS A CONSEQUE  CANCER OF  CONTRIBUTING TO E  OF INJURY  A.M. MONTH DA  P.M.  E. OF INJURY  IREEL FACTORY OFFICE F  the deceosed from  Lower 19  dy after death	OPERATION  AY YEAR  19  AFM ETC.	NOT RELATED TO  NOT RELATED TO	OTHETERM MED  URY OCCURR  Opinion of tending tysician were seen at the constant of the constan	INAL DISEASE O  200 AUTOPS  YES N  RED TENTES VA RI  DIRECTOR D  2336 LOCATIC (ITY OR I	R CONDIT	Ob IF YES N CERTIFY YE and hou	VEN IN  S, WER  YING  SS   19   2   1   1   1   1   1   1   1   1   1	PART TEAM EFINDIN CAUSES  REFARE  TO THE TEAM TO THE T	GGS USED OF DEATH NO []



069805

## STATE OF MARYLAND

2	1 - 7 8	FOR STATE TREGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	INE /	REG. N	0	) 0 (	)
-	I DEC	CEASED NAME	FIRST	٨	AIDDLÉ	L	AST		20 DATE OF	DEATH	HINOM	1987	2b HOUR
	(TYPE	OR PRINT)	ROBER	T I	FRANCIS	K	OHLER		OCTO	BER	19	1907	8:40A M
	3 SEX	(	RODEL	4 RACE	Idinorb	5. DATE C	OF BIRTH		6 AGE INY		(YAGHT	IF LINDER I YEA	R IF NURLAHR
		Male		Caucas	sian	NOV	20, 19	43	44		YRS	MCME DAY	HC.W MIN
-	7a. BIF	RTHPLACE   MATE C	OR FOREIGN		WHAT COUNTRY?	8				RE CITY C		TY OF DEATH	
1		nderson, N	cherrol	Imited	States	MARRIE	D NEVER	MARRIED A	PR	INCE	GEORG	GE'S	MD
2		TY OR TOWN OF D		11. NAME OF	OSPITAL, NURSIN	G HOME C			120 USUAL O	OCCUPAT	ION	12b KIND	OF BUSINESS OR
K	00.0	TANIJAM	- 1	DOCTORS	HEACILITY, GIVE STREET		DD C	EO. CO.	ACCOU	ntant	DF WORKING	V.A	Y
1	USUA	LANHAM AL RESIDENCE (IF N	JRSING HOME O	ROTHER INSTITUTION			IN. G.	EU. CU.		-			
5	130 S Mai	ryland	13b. COU	eorges	Lanham	N	YES X	NO 🗆	7237-				0706
7	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	WE	MIDDLE			A51
)		Frank	Jos	seph	Kohler			Ada		Lois		McGin	nis
1		VAS DECEASED EVI		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDR	ESS Lai	nham,MD	20706
	, ,	No	(11 723 01	TE TO ALL ON DATES	553-60-4	404	Willia	m S.Sem	ar (Per	.Rep.	) 723.	5-Olive	r Street
		Conditions, if a gave rise to i couse (a), sta underlying cau	ny, which mmediate iting the	DUE TO, O	AS A CONSEQUE	ENCE OF	2 ( Peole	Aig Or	20 () 1 ) 87 8 242	He	Parl.	3. b 4	year
	Z O	PART 2 OTHER SI	GNIFICANT	CONDITIONS CO	ontributing to E	DEATH BUT	NOT RELATE	D TO THE TERM	VINAL DISEAS	E OR CON	IDITION G	GIVEN IN PART	ul .
2	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTC	NO[X]	IN CER	YES, WERE FINE TIFYING CAUS YES []	
1		OR CONTRIBUTING [	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTERNA	ITURE OF INJU	JRY IN ITEM II	B PART )R PART,	
	MEDICAL	21d INJURY OCCU	URRED WHILE	21e PLACE (	OF INJURY REET FACTORY OFFICE F	ARM ETC ;	21f_LOCATI			CITY OF TO	OWN	OUNTY	JIATE
		220 I certify that sow the dece above, (1) (we 22b. SIGNATURE	ased alive o	/ 11/~	19 19		nd that in (my	) (our) opinion	death occurre	d on the	late and h		that (I (we) last the causes stated
		224 PLIVE CLASSE	CX	1/1/1				ATTENDING PHYSICIAN			CIAN	1/0	198
		22d PHYSICIAN'S		grwir akian, M	D		22e ADDRE	3632	2 Annap				
		Vitalille	o Daile	antan, H	•17 •			R1:	denshu	ro 1	1d. 2	0710	

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

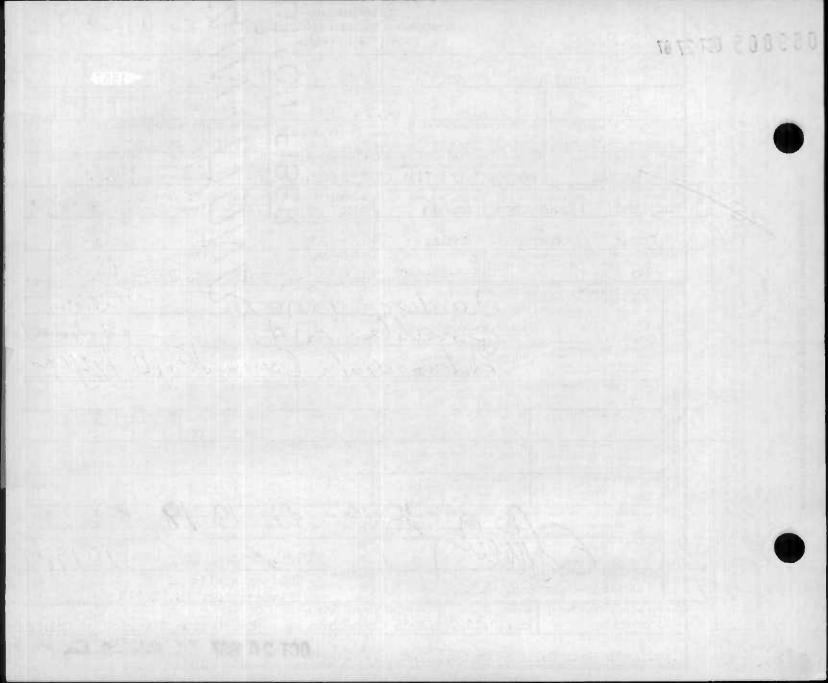
Cremation Oct.20,1987 Lee's Crematory Washington, District of Columbia

J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC20002 CT 2, 6 1987

DHMH 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Ite

BP.



**DEPARTMENT OF HEA** CERTIFIC

ATE OF DEATH	YGNENE /	REG NO			1
	20 DATE OF	DEATH MONI	H DAY	YŁ AR	26 HOUR

070402 NO	y1-	FOR 2167 RESSTRAR	DEI		EALTH AND MENTAL HYG ICATE OF DEATH	REG N	3 0 3	3
, /	I DE	CEASED NAME FIRST	WIDDIE	Į.	AST	20 DATE OF DEATH		26 HOUR
0 th	(TYP	Louise		Koo	2	1	0 26 87	4:58 pm
nay be	3 SE		4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIT		
ge 4 Tr		'emale	Caucasian		14, 1909 YEAR	78	YRS OA	HOUR MIN.
o pag e	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
death P un 72 ha		orth Carolina	U.S.A.	WIDOWE		Prince Geo	orges	MD
s after d	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION 126 KINI OF WORKING (IFE) INDUST	
aurs in by se file		Clinton AL RESIDENCE (IF NURSING HOME OF	Southern Mary		pital Center	Housewife	. N	/ A
4 ho	13a	STATE 136 COUR	NTY 13c CITY O	RTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		20745
fill hould			ce George Oxor	n Hill	YES 🔯 NO 🗌		ood Avenue	
A th	14. F.	ATHER'S NAME FIRST	MIDDLE LA	(ST	15 MOTHER'S MAIDEN NAM	WE		LAST
ed w		Harvey Jas	sper Will:	iamson	Sarah	Agnes	Pea	rson
ecut es 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS Formed Area	
n and c Pages		No No		05-2240	Sterling J.	Koon Oxon	Hill, Md.	•
physicia npapers moval		18 CAUSE OF DEATH (Enter or	nly one couse per line for 10),	(b), and ic		-	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
p ph)		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CONC	restive H	eart Failure			
ding orbo			DUE TO, OR AS A CON	ISEQUENCE OF	-			
death attend ave contrian, o		Conditions, if ony, which			ery Disease			
the cemo		gave rise to immediate	DUE TO, OR AS A CON	ISEQUENCE OF				
that that to see it case it all, and it is a that it is a	1	underlying couse lost			ortic Valvula	r Stenosis		
gned n ple burio		PART 2 OTHER SIGNIFICANT					IDITION GIVEN IN PART	10
The Injury	O N							
has bee permit permit any any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	YES NOTE	206 IF YES, WERE FIN IN CERTIFYING CAUS	
N The hysicial hysicial hygies	8	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			Lorent
A d T TO F WON		OR CONTRIBUTING CAUSE OF DE						
HYSIC nding nis cer burio ar fter	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
ed the	X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY (	OFFICE FARM ETC.)	STREET	ITY OR TO	YTHUG	STATE
Afte alth o		220 I certify that (1) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X.15 assumed all all advantages and	6/2	10 80	10/26	87	
He ST		sow the decreased alive on	Oct. 26th. 19		id that in (my) (ox) opinion o	- 10		that the (wX lost
ATT GSP. GT G GSP. GT G GSP. GSP. GSP. GSP. GSP. GSP. GSP. GS		226 SIGNATULE	to the body ofter death		DEGREE	acom occorred on rice a		ATE SIGNED
OR DOR		MAL I	Muskel	W)	ATTENDING	MEDICAL STA	FF	TE SIGNED
SPITAL J by th NERAL be dett e Store	-	22   BUIVE KE IAA KE A IA AAF	my			DIRECTOR PHYSIC	CIAN Dct	27/1987
HOSP ined to old be ORTA		224 PHYSICIAN'S NAME (TYPE C			22e ADDRESS			
O HOS etained should b		Victor S. Chu			9131 Piscata		inton, Md.	20735
BP	230	BURIAL, CREMATION, REMOVAL	10/31/87		emetery or Crematory	23d LOCATION CITY OF TOWN Brentwood	d P.G. M	aryland
D. 1441	24 F	UNERAL DIRECTOR			25e DAT	E REC D BY REGISTRAR	256 REGISTRAR'S SIGN	
DHMH = 16 60M 7/B4 (VRA 15, 4)	G	P. Kalas F.H. 6		Rd - Oxo				
, -, ,	=	z + Razao z • II • O	TOO OVOIL HITT	. Itu OXO	11 11111 110	O 0 1901 (1-1	La Deathan Pa	Adde

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME DATE KNOWN TYPE OR PRINT OF DEATH MATED IF UNDER TYR IF UNDER 24 HRS DATE OUR MONTH LAST BIRTHDAY RONOUNCED DEAD 6 CITIZEN OF WHAT MARRIED NEVER MARRIED FOREIGN COUNTRYS 1. CAROLINA DIVORCED D CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION LITTE OF WORK 176 KIND OF BUSINESS OR INDUSTRY RESSER 18. GIVE PAGES 1, 2, AND 3 TO T WITH FORM PM 3. RETAIN PA IT PAGES 1 AND 2 SHOULD BEIN IT PAGES 1 AND 2 SHOULD BEIN DIVISION OF VITAL RECORDS, 2 DRYCLEUNER 130 STATE BL COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS WASh. NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME SWINSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. UNKNOUN 18 CAUSE OF DEATH (Enter anly ane cause put line APPRIXIMATE INTERVAL BETWEEN ONSET AND DEA H PART I DEATH WAS CAUSED BY gentro landestan outer IMMEDIATE CAUSA RITING THE WORD "PENDING" IN PENCIL IN ITER RDED TO THE CHIEF MEDICAL EXAMINER ALON 23 SHOULD BE USED AS A BURIAL - TRANSIT PER FE DEPARTMENT OF HEALTH AND MENTAL HYGER 201 PRIOR TO BURIAL, CREMATION. OR REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? D AUTOPSY? YES | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC ) STREET WHILE AT WORK AT WORK CITY OR TOWN STATE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BARTIMORE, MARYLAND, 21201 CERTIFICATI 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram-Hamicide . Natural causes Undetermined manner JTLE (SPECIFY) Deputy ACTUAL MEDICAL EXAMINER EXAMINER'S NAME. ADDRES 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodniguez, M.D. (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b DATE e meler, DHMH 17 (VR A15 ME (5))

STATE OF MARYLAND



FOR STATE

# STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a Denis Ludas.

Λ	I H	REGISTRAR							REG N	0			
	DEC	CEASED NAME	FIRST		MIDDLE	- t	AST	20 0	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1	17771	CAPRINI	LORRAI	NE M	ATILDA	KYRI	SS		(	OCT 1	3 1987	3:40A	l. M
	3 SEX	(		4 RACE		5 DATE C			GE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF INDER 4	HRY
		FEmale		Whit	e	Janu	ary 18 19	25		62 <sub>YRS</sub>			W 114
7		RTHPLACE TATE	UR FOREIGN	76 CITIZEN O	F WHAT COUNT	RY? B	NEVER MARRIED	9 BA	ALTIMORE CITY O		OF DEATH		
	Ho	ortense			SA	WIDOWE	D DIVORCED	□   P:	rince G	eorge	3		MD
2	10 CI	TY OR TOWN OF	DEATH		F HOSPITAL, NU		ROTHER INSTITUTION	LIYP	USUAL OCCUPATI	E WORKING HE	126 KIND C	OF BUSINESS	OR
							ical Cent	er	Housewi	fe.	Own	home	
-	USUA 130 S	AL RESIDENCE UF N	136 COUN	ITY	13c. CITY OR 1		13d INSIDE CITY LIMIT	S?   13e S	TREET_ADDRESS	ZIP_CODE		20772	2
7		aryland	Pr G	eorge	Upper	Marl	YES NO		2108 NO	rthwo	od Dr	ive	
		THER'S NAME	A	MIDDLE	TT = = 3 <sup>[4]</sup>		15 MOTHER'S MAIDEN		MIDDLE	0.77	, , IA	51-	
4		Horace			Handl		Maybell	.e			iteheâ	.a	
	16a W	VAS DECEASED EV	ER IN U.S. ARA	MED FORCES' E WAR OR DATES)		SECURITY NO	Harold A	Vvv	ADDRE		ne as	#13	
		NO			400-3	2-0109	паготи А		1122	Sall			
-		18 CAUSE OF DE PART I. DE ATH	ATH Enter onl	ly one cause p	er line for  a , 1b	and ic	A DDDGE				BETWEEN	ONSET AND DE	ATH
1				E CAUSE a)_	CARDIO	PULMONAF	RY ARREST				-		
1				DUE TO,	OR AS A CONSE	EOUENCE OF	MOLIC CUTT	andat.	NIONA OTT T	TT A TT 3230	77		
		Conditions, if a		(b)	METASTA	IIC SQUE	MOUS CELL	CARCI.	NOMA OF I	HARIN	X		
1		cause a str underlying ca			OR AS A CONSE		LOGIC EVEN	m					
		DART 2 OTHERS	ICANIEIC ANIT C	107=					0.000.000.000		TALLED BARY		
1	Z	PART 2 OTHER 3	IGINIFICAN) C	ONDINONS	COMINDUMING	IO DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CON	DITION GIV	EN IN PART II		
d	ATIC	190 DATE OF OPE	RATION	19b CON	DITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		, WERE FINDI		_
	CERTIFICATION							YE	ST NOT	IN CERTIF	YING CAUSES	OE DEATH?	,
	CER	210 ACCIDENT WAS	-	1100110	OF INJURY	DAM MEAN	21c HOW INJURY OC					- U	
Ч	AL	OR CONTRIBUTING		117	A.M. MONTH	DAY YEAR							
1	MEDICAL	21d INJURY OCC		21e PLAC	E OE INJURY		711 LOCATION		CITY OR TO	wn	LOUNIY	TAJ	15
1	Z	A WORK NO	WHILE WORK	I AT HOME	STREET FACTORY OFF	FICE FARM ETC }	7,600		(117 54 10				
		220 I certify that	this hospit	all attended	the deceosed fro		, 19	87	- 13 OCT		19 87	That + (we)	lost
-		saw the dece	eased alive on.	I view the box	y after death	9 <u>0</u> (	nd that in <del>imp)</del> (our) opi	inian deoth	occurred on the do	ate and hou	ond fram the	causes states	d
1	7	STONY THE	- 16	10			DEGREE				22c DATE		
4		X	78 79	E GLOSS S	dooleff	/	ATTENDIN PHYSICIA	NG ME	DICAL STAF	IAN	13 8	CT 87	2
		27H PHYSICIAN'S	1008 36	99 99 GE	300-50		220 MARGOLM	GROW	USAF MED	CTR ?	MAC)		
				SHE HIS	U 3000		ANDREWS	AFB,	WASHINGTO	DN, D.	G., 203	331	
		URIAL, CREMATIC	N. REMEDIE	HATTON T	D THE THE		EMETERY OR CREMATO	ORY 23	d LOCATION		DUNTY	TATE	E
	I	Burial	I control	Oct	16,198	7 Fag	en Cemete		Polk C		Y	Texa	
	24 FU	NAME ROD	ert E	Wilhe	lm ADDRE	51	250	DATE REC	D BY REGISTRAR	256 REGIST	RAR'S SIGNAT	URE	
			eral H			Suitl	and, Md.	UUI	1 9 1987	in 1	Tink Y	0	

DHMH 16 60M 7 84

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

MPORTANT If Hem 21 is

JOHN T. GOLUMBUS SOLVENSON AND WAS SOLVENSON OF THE SALE

6913	5 OCT 20	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG NO						
	0.5	1 DECEASED NAME FIRST	WIDDLE	(AST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR			
2	904	Emer	y Dal	Lamaster, Jr.	Oct. 11, 1987	J:0/P.M			
2	2 2	1.5EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF IN	NDER YEAR IF UNITER 4 HRY HS DATS HOURS MIN			
1	90.0	Male	Caucasian	Jan 20, 1931	56 YRS				
2	110/	THE HILL ACT I ATE OR FOREIGN		8	9 BALTIMORE CITY OR COUNTY OF	DEATH			
1	1 1	West Virginia	US	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	'S MD			
133	1230	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	76 KIND OF BUSINESS OR			
201	TH 14	Cheverly		e's General Hosp		Giant Food			
ND 213	11/36	USUAL RESIDENCE (IF NURSING HO)	vard		521 Tufts Driv	e21027			
YLA	12/10/	I FATHER S NAME		15 MOTHER'S MAIDEN NA					
A A B	17 /1/	Emery	Dal Lamas	ter, Sr. Ruth	WIDDLE	unkown)			
RE, I	3 1 0 0	160 WAS DECEASED EVER IN U.S		URITY NO 17 INFORMANT	ADDRESS				
WO	10 7	I AEZ MO OR MUKNOWA) TIE AE	n/a 235-42	-7083 Virginia 1	Lamaster sam	e as 13e			
II., BALTI	g physic con pop- removo event.	PART I DEATH WAS CA	er only one couse per line for or, b o USED BY	1 12		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ESTON S	attending nove corbi otion, or r	Conditions, if any, which		DENCE OF Commence Com	al Preumenitis				
the	remore the	cause to stating th	DUE TO, OR AS A CONSECU	JENCE OF	1 . 1 .				
that	d by ease al. c	underlying couse last	10 anas	array Mass	utrition				
5, 20	gnec in pli burn ry. o	PART 2. OTHER SIGNIFICA	ALCOHOLTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	What DISEASE OF CONDITION GIVEN	N PART 1 a			
CORDS	The The Injury	o gama	rene Fect,	Idne to ligh	erosoferosia gi	neralised			
, S	ony ony	A LINE D'ATHON ON HATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH?			
VL R	has ows	TIO ACCIDENT WAS UNDERLYIN	Gangrene	. Feet	YES NO YES	] NO []			
ATI Z	ansi dansi dan dansi dan		2 I IME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM H PART)	OR PART 2)			
OF CIAN	The solution of the solution o	OR CONTRIBUTING CAUSE C		DAY YEAR					
NO STA	Mer It	THE EITHER NOTIFY MEDICAL EXAMPLE  21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		Z			
VISIO	s the	WHILE NOT WHILE T	(AT HOME STREET FACTORY OFFICE	FARM ETC ) STREET	. ITY OR TOWN	OUNTY			

270 | certify that (1) (this haspital; attended the deceased from sow the deceased alive on above, (I) (we) (did not view the body after death

and that in (my) seath opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

230 BURHAL, CREMATION, REMOVAL

236 DATE 10/14/87

Md. Nat'l Memo.Pk.

22e ADDRESS

ATTENDING PHYSICIAN

Laurel

P.G.

Md".

DHMH 16 60M 7 B4 (VRA 15, 4)

O FUNERAL DIRECTOR

BP

ould be detach

MPORTANT If Hem 21 is

UNERAL DIRECTOR 7601 Sandy Spring Rd. 250 D/ Fleck Funeral Home, Inc. Laurel, Md. 20707

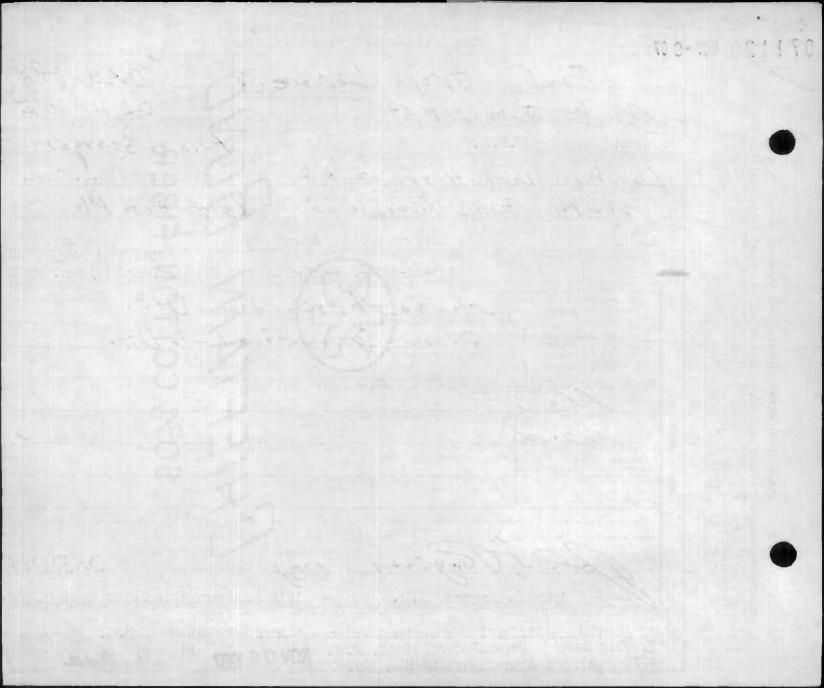
	1200
NAME OF THE OWNER OF THE PERSON OF THE PERSO	
The state of the second second second second	
Print State   Total .name Island Charters stated   Vitavelo	
entra arum fil z entrata interes	
Constant this car is a second this contract.	
ave er move 2.55-42.7002 Victinia ammadent more an Ede	
Termina interpolation that the compact of the compa	

0	-	-	6.1	0

071	2 4 3 NO	V - 9	7 OR STATE REGISTRAR	(	DEPARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG NO	, ) , 0	
			DECEASED NAME FIRST	MIDDLE		ASI	20 DATE OF DEATH		26 HOUR
	poge 3		Tilli	le Minde	el La	masure	October 30		4:35P.M
	mo)	3	SEX	4 RACE	5 DATE C		& AGE TIN YEARS LAST BIRTH	HDAY) IF IN(YER YEAR	IF INDER , J HE
	ge 4	~ L	Female	White		mber 4, 1914	7:	CNI	
	nerol di n 72 ho	17"	Washington, D.C	. U. S. A.		NEVER MARRIED D	9 BALTIMORE CITY OF Prince (		MD
201	by the further day the further day the further day the further day to	20	Beltsville	12900 Crain	Lawn Cowr		120 USUAL OCCUPATIO CLYPE OF WORK FOR MOST OF Resident Mo	WORKING HEET INDUSTRY	tments
MARYLAND 2120	filled in ould be	6	SUAL RESIDENCE (IF NURSING HOME OF STATE MARYLAND 136 COU	G. Beld	OR TOWN	13d INSIDE CITY LIMITS?	13, STREET ADDRESS /	ZIP CODE glawn Court	20705
XY1.A	etely 2 sh	1	4 FATHER'S NAME	WIDDLE	elasta o	15. MOTHER'S MAIDEN NAM	AE MIDDLE	&	St
MAA	ond ond	20	Abraham	M	indel	Annie			stine
BALTIMORE,	n ond co	1	WAS DECEASED EVER IN U.S. AR		-40-1869	Edwin M. Lam	asure (Same	as # 13)	IMATE INTERVAL ONSET AND DEATH
DS, 201 W. PRESTON ST.,	quires that the signed by the hen please the to buriol, or militing the buriol, or militing the terms of the time.			DUE TO, OR AS A CO		NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN IN PART 1	o
DIVISION OF VITAL RECORDS.	he low re hos been t permit I ene prior	0	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDI IN CERTIFYING CAUSES YES []	NGS USED OF DEATH?
OF VITA	ICIAN T g physical entificate fol-transi intol Hygiem 18 sh			HOUR A.M MOI	NTH DAY YEAR	21¢ HOW INJURY OCCURE	ED CENTER NATURE OF INJUR	IN ITEM 18 PART OR PART 21	
IVISION	offending offending ter this c is the bur n and Me	1	OR CONTRIBUTING CAUSE OF DE.  ILE ETHER NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		211 EOCATION	- VITY OR TOW	VN OUNTY	STATE
۵	pitol or STOR Affor use of Heolti		22a I certify that (1) (this hour sow the deceased alive or above, (1) (was add) (did no	OCTOBER 16	19.870	id that in (my) ( <del>our</del> ) opinion (	to OCTUBER  death accurred on the do	te and hour and from the	that (1) (we) last couses stated
	AL OR A the hos AL DIRECTORDED TO DEPT TO IT If Item		226 SIGNATURE	Brown		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAF	F	31/1987
	TO HOSPITA etoined by TO FUNERA should be de		James A. Brown	OR PRINT)		14801 Physici			
	BP		30 BURIAL, CREMATION, REMOVAL	11/1/1987	Mo	emetery or crematory unt Lebanon		ille, P. G.	Md.
	DHMH 16 60M 7 (VRA 15, 4)	B4	OUNALD M. STEIN H 232 CARROLL STREE	EBREW MEMORI T, N. W., WA	AL FUNERA SHINGTON,	D. C. 250 DAT	PRECED BY REGISTRAR	25b REGISTRARS SIGNA	URE Or place

182-10 EX-50 see the .-- and the stand of Land to the State of the Control of the Control 

0.00 0.00m			tem 16a,b, F	11m G634	12-1-87	STA	TE OF M	ARYLAND		4 6	- 6 6
		1.	FOR DEF TUE	eral tome:	D	EPARTMENT OF	HEALTH	AND MENTAL	HYSIENE	0 0	3
71	129 NOV -		7GISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE		REG NO	
9	CESSARY, PLEASE INFRAL DIRECTOR OR YOUR FILES. WITHIN 72 HOURS PRESTON STREET	3 SE	CEASED NAME PE OR PRINT)  X  4 RAC  IRTHPLACE ATE OR	E S DAT	TE OF BIRTH  THE DAY  TIZEN OF WHI	ALCOUNTRY?	RS MONTH	DER 1 YR IF UND	DEATH MA	ATED DO	3/ 19 TAR 21/40/UH 3/ 19 FAR 21/40/UH
-	A SERVICE SERV	FC	chigan	- 11	.S.A.		MARRI	ED DIVO	RRIED	016	SV925 ME
2	<b>外疆</b>		Lanh;			ILITY GIVE STREET ADDRE		ER INSTITUTION	Computer	LIFE	126 KIND OF BUSINESS OF INDUSTRY U.S. GOVT.
	AND SHOULD SHOUL		TATE A	13 PSOUNTY	Scalac.	13c OWN	bale	13d INSIDE CITY LIMITS? YES NO [	63/4	6156	P14137
	ONE MO	1	Louis	MIDDLI		LaNore		Mary	MIDDL		Behr
	ME ESTRO		WAS DECEASED EVER	IN U.S. ARMED FO		381-16-00		Cocilia I			Ist Place ale, Md. 2073
	A SHARE	140		H (Enter only one c	rouse per line f	or (a), (b), and (c)	14-A	Cecina L	anore (wife,	Riverua	APPROXIMATE IN ERVAL BETWEEN ONSET AND DEATH
	AL RECORDS, 201 W. PESTON ULD BE EXECUTED WITHING "PENDING" IN PENCIL IN TEXAMINES ED AS A BURIAL - TRAINES HEATTH AND MENTA AL CREMATION, OR RE		Conditions, if a gave rise to couse (a) stating lying couse lost.  PART 2 DIMER SIGNIFICAN	ony, which immediate g the <u>under</u>	(b) DUE TO, OR A	AS A CONSEQUENCE	Ob.	truet  OR CONDITION GIVEN IN	rve Parl	· Dis	
	RECORDS,  TO BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BO AS A BUT AND AS A B	NO.	/1	1 B me	,						
	5 09=552 /	CERTIFICATION	190 DATE OF OPERA	lono!		ON FOR WHICH OPER					20 AUTOPSY?  YES [] NO []
	ONO STHE TO THE HOULD	MEDICAL CE	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M.	MONTH DAY YEA	R		RED (ENTER NATURE OF INJURY	IN ITEM 8 PART 1 OR P.	ART 2)
	DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPART!	MED	WHILE NOT AT WORK	WHILE	21e PLACE O STREET FACTO	FINJURY (AT HOME DRY FARM, ETC.)		TREE	CITY OR TOWN		DUNITY STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SIS BACTIMORE, MARYLAND;		77a I certify that death resulted from	Noturol cous		agers	Autop:	Homicide TITLE (SPECIFY)	Undetermined manni	DATE	pinion
	XECU XECU VAGE NATER		(DES ON PRINT)			ers, M.D.				Rd. Silve	er Spring, Mo
		23a B	URIAL, CREMATION, R			23¢ NAME OF CE			23d LOCATION CITY OF TOWN		UNITY STATE
07 25/	W	74 F	Buria	asch's S	04/87	Maryland neral Home	Vet	erans Cer	Cheltenh	am P.	G. Maryland
	DHMH 17 VR A15 ME (5)1		4739 Balti	imore Av	enue H	yattsville,	e, P.	A. NOV	0 6 1987	riden	Binde 12.
						Julia VIII C	-IVIU-	T01-01	1954	1-44-1	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME O DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W.PRESTON STREET, DATE OF BIRTH AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED DEAD Black 51 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Washington, D.C USA DIVORCED Prince George's WIDOWED \_ ZOJ W. 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY AFB Malcolm Grove Public Suitland Andrews Teacher D.C. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) School 13a STATE P.G. orestville 13d INSIDE CITY LIMITS? 13e STREEL ADDRESS LO BALTIMORE, MD. 2120 Maryland Lorring Drive 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME SIVE PAC. ITH FORM PM. \*\*AGES I AND 2 PAGES 1, MIDDLE Edith Esco Lawrence Ham 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. PAGES 56 2284 Avey Lawrence-son-4724 Huron Ave. 24 HOW GIVE 578 no DIVISI Suitland. 18 CAUSE OF DEATH (Enter only one calls in "HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Menseul aurdice Vaseu 16 AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHIEF TO MEDICAL EXAMINER: THIS CERTIFICATE SHEXECUTE THE CERTIFICATE, WRITING THE WOR PAGE A SHOULD BE FORWARDED TO THE CIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BUILD 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY FARM ETC ) CITY OR TOWN WHILE AT WORK 22a I certify that I taok charge of the remains described above, held an Inspection death resulted from: Notural causes Accident TITLE (SPECIFY) DATE 10-17-87 ACTUAL Deputy SIGNATURE EXAMINER'S NAME M.D. ADDRESS 5009 Rayburn Ct . Temple Hills, MD Rodriguez. TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23,1987 Burial Lincoln Memorial Cemetery Suitland, Md. 25M 24 FUNERAL DIREC DHMH - 17 Julia Divideon Randall uneral Home, -4001 Benning Road N (VR A15 ME (5))

70557 111-367 Glory -T3 21-31 TE - 1 - E TO THE SHARK My to large and well- and he still sen in Comment of the second of the s

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE/ MEDICAL EXAMINER'S CERTIFICATE OF DEATH

5	J	-	0	Out
REG	NO			4
_	_			

UL	3 870 NAME			M ( LE		LA T	20 DATE KNOV OF EST			th HOL
3 5	EY	Made:	Line Is date of Birth	C.	6 AGE IN YEA	Lawrence RS   IF UNDER 1 YR   IF UNDER	DEATH MATE	10,	/5 19 87	21.110
_			MONTH DAY	MAR	CAST BIRTHDA	YI MONTHS DAY HOURS	R 24 HRS 20 DATE PRONOUNCED DEAD	3.0	15 05	7:3
	BIRTHPLACE	White ATE DR	Mar. 17.	1936 HAT COUN	51 YR		9 BALTIMORE	ITY OR COUNT	/5 19 87 1	P.
	Maryland	d	USA			* MARRIED NEVER MARF	RIED 🔲	_		
	CITY OR TOWN		II NAME OF HOS			OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N I PE DE WORK	E County	INESS
111	Bowie			Chan	Lee Lan		CLERK	F	US GOV'T	
	STATE	136 COUP	OR OTHER INSTITUTION G.		OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		217	1,000
	laryland	Princ	e George's	s Bo	owie		12606 Chan1	ee Lane	-1011	9
14	FATHER'S NAME FIRST Willia	m J.	Feehley		LAST	Laura	Madsen		IAST	
	WAS DECEASED	EVER IN U.S AR	MED FORCES?	16b 500	CIAL SECURITY			DRESS		
	NO OR UNKNO		ONE	213	26 8451	Dalton B.	. Lawrence, H	usband,	Same as	#13
	18 CAUSE O	ATH WAS CALISE	nly ane cause per line						APPROXIMATE IN	HERVAL
	, and the	IMMEDIA	TE CAUSE (a) Me	etasta	atic ca	rcinoma				
				AS A CON	SEQUENCE C	)F				
		s, if any, which e ta immediate	ь_се	arcino	oma of	the lung.			6 mos.	
	lying cau	stating the <u>under</u>	DUE TO, OR	AS A CON	ISEQUENCE C	)F				
	77.19 000	70 1031	(c)							
_		INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN P	ART 1 c			
CERTIFICATION	None									
CA	190 DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER.	ATION WAS PERFORMED?			20 AUTOPSY?	
TIF	None									NO X
8	UNDERLYING	L CAUSE WAS	116 TIME OF		DAY YEAR	21c HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN I	TEM 18 PART OR PA	R1 21	
V	CONTRIBUTIN	G CAUSE OF			19	None				
MEDICAL	WHILE AT WORK	NOT WHILE [	71e PLACE	OF INJURY		21f LOCATION STREET	CITY OR LOWN	CO	UNIY	STAI
			ge af the remains des	scribed abo	ive, held an	Autapsy Inspection	an Inquiry X	and in my op	oinion	
	death resulte	d from Natu	ral causes X	Accident	Sui	cide , Hamicide .	Undetermined manner			
	1	7	7 00	/		TITLE (SPECIFY)				
	SIGNATURE	the by	11/6	700	-	M.D. Deputy	MEDICAL EXAMINER	DATE	10/6/8	7
		Z.	- 5	1	-	1919	Seminary Roa	d		
	TYPE OR PRIN		ohn S. Rog			ADDRESS_Silve	r Spring, Mo	ntgomery	County,	MI
23a	BURIAL, CREMAT		Pot 6 1			rs Crematory	Riverdale,	D C COUN	Co MD	E
24	Cremati FUNERAL DIREC	TOP	Oct. 6, 1			Inc. DATE	DEC'D BY DEC ICED AN THE	PEGISTRAP'S	Co., MD	
	NAME	EDC 00	ADDR8	655 G	eorgia	Avenue 10CT	0 1007	Daydon-	A STATE OF THE STA	7

data 6. soroms, N. J.

callver during, Montecomery County, Inc

TEG 10 TOB

MPORTANT If them 21 is marked or them 18 shows ony injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and costshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.

DHMH = 16 60M 7/B4

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The low etoined by the haspital or attending physician

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

11		REGISTRAR					il tonic of	- CALLET	REG. N	10		
T		CEASED NAME	FIRST	٨	AIDDLE		LAST		20 DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
	(TTPE	. ,	Nettie	e May	LEAMA	N			October 2	, 1987		10:35p <sub>M</sub>
	3 SEX	(		RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Fe	emale		Cauc	asion	8 MON	10 PAY	07 <sup>AR</sup>	80	YRS.	MUN'H (ZA)	HOURS MIN
4		RTHPLACE I STATE OF H	OREIGN 7	b CITIZEN OF	WHAT COUN	JTRY? 8	IFD NEVER	AAA DDIED 🗍	9 BALTIMORE CITY		OF DEATH	
4	_	rginia		U.S.A		WIDOW		ONORCED [	F	rince	George	ols MD
	10 CT	TY OR TOWN OF DEA	TH		HEACHITY GIVE	URSING HOME STREET ADDRESS)			120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
5		anham		AMI Doct	tors"	Hosp. o		Geo. Co.	Homemake			Home
-	USUA 130 S	TATE	NG HOME OR O	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	113d INSIDE	CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODI		
		TYPOITO	Pr.	Geor.	River	dale	YES 💢	NO 🗌	4808 Tuck			20737
1	4 FA	THER'S NAME	N	NDDLE	LAS	ST.	15 MOTHER	R'S MAIDEN NA	ME		IAS	1
4		anklin		nroe		npson	Net		P.		Utz	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDR	20	35 Rich	nard RD
	N	lo	N/A	1	218-3	8-7802	Betty	Matth	ias Willow	Grov		19090
ſ		18 CAUSE OF DEATH	1 Enter and	y one cause per	line for 101, 1	bi, and ic					BETWEEN	MATE INTERVAL DNSET AND DEATH
		PART I DEATH W	IMMEDIATE	CAUSE (a)	ARD	10 RESI	PIRAT	RY F	AILURE			
				DUE TO, OF	R AS A CONS	SEQUENCE OF						
1		Conditions, if any,			A A .	TADO	MAL	GNAN	T LYMPHI	MA		
1		gave rise to imm cause (a), stating	g the	DUE TO, OR	R AS A CONS	SEQUENCE OF						
1		underlying cause	lost	((c)								
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING	G TO DEATH BU	IT NOT RELATE	D TO THE TERM	MINAL DISEASE OR COM	IDITION GIV	EN IN PART 1	
	6											
	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATE	ON WAS PERF	ORMED	20a AUTOPSY?		S, WERE FINDIN	
	RTIF								YES NO	YE		NO []
		OR CONTRIBUTING C		HOUR A.		H DAY YEAR	?1¢ HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 8 I	PART DRPART2	
	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P./		19						
П	AED	214 INJURY OCCURR		21e PLACE C		FFICE, FARM ETC )	211 LOCAT	ION	ITY OR TO	NWC	COUNTY	STATE
П		AT WORK NOT WHI	K L							-		
1		22a I certify that (I)		0 1.	e deceased t		0	1987	to	2		that (I (we) last
1		saw the decease abave (l) (we) (d	d alive on_ id) (did not		atter death.	19 8 7 . 0		() (our) opinion	death occurred on the c	late and hou		
		276 SIGNATURE		ways			DEGREE	ATTENDING .	MEDICAL STA	EE	22c DATE	
4		Jankar	a	1			MD	PHYSICIAN )	DIRECTOR PHYSI	CIAN	10-	3-87
1		22d PHYSICIAN'S NA	,	PRINT	11/10	, D	37!	SS 3 (	all AUS B	PONT	0000	MD
4		SANKARA	IN	M. NA	YAK	, My	3/1	1 20	3" AVE BI	CEAAL	Weel,	20722
	0	URIAL CREMATION,	REMOVAL	236 DATE		231 NAME OF			73d LOCATION		TOUNTY	. Alaife
	E	urial		10-6-	87	Fort L	incoln	Cemete	ry Brentwo	od P	C	laryland -
		INERAL DIRECTOR			ALL	739 Eal	timore	AV 250 PA	TE PECID BY REALIST	256 GIST	IRAR'S SIGNAT	URE
	F	rancis Gas	sch's	Sons P.	. A.	- vattsvi	ille. Me	207	81			
_						,	-					

Lanbant

Ky Erdale-

10.5-10.2013.51

DHMH = 16 60M 77 (VRA 15, 4)

069635

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

t		FEGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO			
f	1 DEC	CEASED NAME OR PRINTS	FIRST	,	AIDDLE		AST		20 DATE OF DEATH MONI	TH DAY	YEAR	26 HOUR
	,		ARY.		ROSE	TI	MVF		October	18	1987	12:35 m
ſ	3 SEX			4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY		NDER YEAR	IF UNDER 24 HR
ı	Fe	emale		White			ber 10	1902	85	YRS	nz et	NOBE MIN
ľ		RTHPLACE ATE OR F	FOREIGN	76 CITIZEN OF	WHAT COU	VIRY? B	D NEVER MAR		9 BALTIMORE CITY OR CO		DEATH	
ı		ennsvlvar	nia	USA		WIDOW		CED 🗆	Prince Geor	ge s		MD
ľ	10 CI	TY OR YOWN OF DEA	ATH			IURSING HOME (	OR OTHER INSTITU	TION	120 USUAL OCCUPATION	1		F BUSINESS OR
ŀ	La	nham					r's Hosp	ital	Homemaker	KING LIFE)		Home
Ì	USUA 13n S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)			12. STORET ADDORSS / 71D	CODE		
		aryland		eorge	Seat	Pleas	ant No	IMITS!	36 STREET ADDRESS / ZIP	Stre	et	20743
-	14 FA	THER'S NAME					15 MOTHER'S MA		NE .			
		Peter		MC	Laugh	lin	Isabel	le	WIODEE	D.	wver	1
	16a V	VAS DECEASED EVER			16b SOCIAI	L SECURITY NO.	17 INFORMANT		ADDRESS		.,	-
	N	VAS DECEASED EVER (ES NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES!			Otto A	lbert	Lemke	Sam	e as	#13
		IR CAUSE OF DEAT	H (Enter on	ly one couse ner	lone for our o	I had all a		INCI C	1.111	Danie		MATE INTERVAL
		18 CAUSE OF DEAT PART I. DEATH W			CON	Wry	nuar	MI	hum	_	BETWEEN	INSEL AND DEATH
			IMMEDIAT	E CAUSE (a)			10		1			
		Conditions, if ony,	which	DUE TO, OI		TIM	mer		/			
	Ш	gave rise to imm	nediote	101	(1)		11.	~				
		underlying cause		DUE TO, OF	TIR	THE PARTY	My	-				
		PART 2 OTHER SIGN	VIFICANT (	ONDITIONS	NITERITAL	G-10 DEATH BUT	ADT SELAND TO	THETERAIN	NAL DISEASE OR CONDITIO	NI GIVEN I	N PART 1 a	
	0	100	M	J A	100	11/	MATH	1	Thenu	GIVEN	N I AKI I U	
	ATI	19a DALLOF OPERA	TION	No CONDI	TION FOR W	VHICH OPERATIO	N WAS PERFORME	0	20a AUTOPSY? 20b	IF YES, W	ERE FINDIN	IGS USED
	CERTIFICAT					V			YES NOT	CERTIFYING YES [	G CAUSES	OF DEATH?
	ER	210 ACCIDENT WAS UNE	DERLYING [	216 TIME O	FINJURY	_	21c HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF IN HIRY IN IT	-	DR PAR 2	140
	- 1	OR CONTRIBUTING				H DAY YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE		19	211 LOCATION					
	ME	WHILE IN NOT WH		(AT HOME STR	EET FACTORY C	OFFICE FARM ETC )	STREET		LITY OR TOWN	/	OUNTY	%1 ATE
		22 1 dentity thur (b	Mary Name	to Dr. outbook block the	e alleganisms i	10	<b>b</b>	5	10/18	1.0	5	79
		1120	1.	1 D Kr		1/1	nd that in my lau	) opinion de	eath occurred on the date ar	19_	d I on the	that I we lost
		27b SIGNATORE	fiel cdid no	were the floor	Atter death.		DEGREE	у ориноп ас	edin occorred on the date of	to noor time		cooses stated
		MA (		1 12	IM	CAR	ATTE	NDING	MEDICAL STAFF		22c DATE S	1816
		22d PHYSICIAN'S NA	MAEor o	10	VI	AM	PHYS 22e ADDRESS	SICIAN 🖰	DIRECTOR   PHYSICIAN		101	10 0
					D				and Da Co	1-	- 7 /	20.7
		Lewis F			.D.				pelt Rd. Gr	eenb	ert,	Ma.
		urial Cremation	REMOVAL		1007		EMETERY OR CREA		23d LOCATION	160	4014	INH
				210ct		wasnin	guon Na		al Suitland		PG	Md
	24 FU	NAME ROBE	rt E	Wilhe	lm ADD	DRESS			REC D BY REGISTRAR 256 R	EGISTRAR	SSIGNATI	URE
1						i+land	D 5M	CTO	7 4007		70,-14	All and a second

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

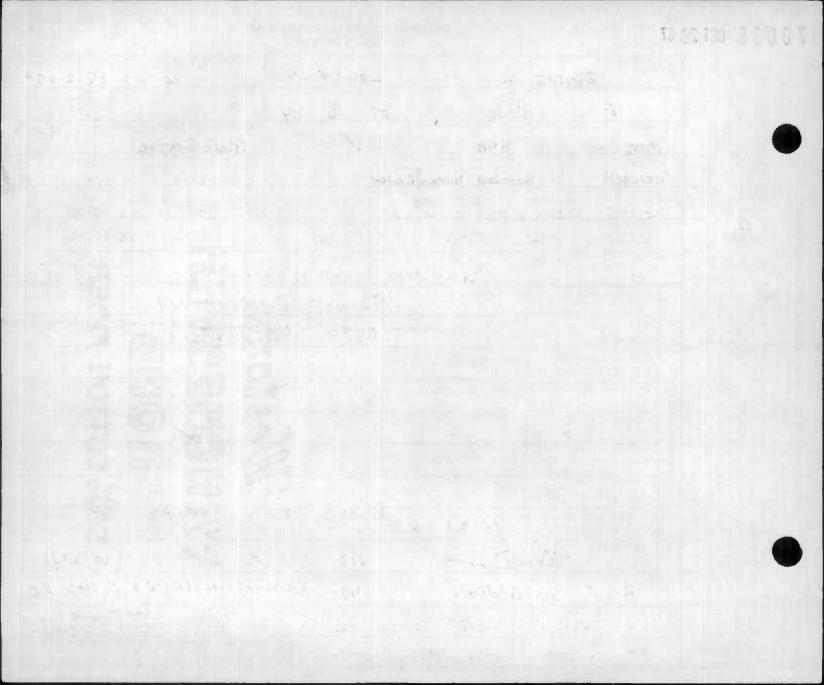
		REGISTRAR			CERTIF	ICATE OF D	EATH	REC	NO			
Ì		CEASED NAME FIRST	A	AIDDIE	L	AST .		20 DATE OF DEAT	HINOM	DAY	YEAR	26 HOUR
	TYPE	E DYTH!	A.		L	06 AN	-Harde	n	10-	23-	87	2.25A
Ì	3 SEX		4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAS	BIRTHDAY	IF UNI	IER VEAR	IF NOTR 23 HW
		F	Cauc		MONTH U7	16	04	83	YR		T/A1	HOURS MIN
		OUNTRY	76 CITIZEN OF	WHAT COUNTRY?	B AAA PRIE	D DEVERM	ARRIED -	9 BALTIMORE CIT	Y OR COU	VTY OF D	EATH	
4		Miss ouri	45/	-	WIDOWE		ORCED [	Prince !	Georg	e		MD
	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INST	TUTION	120 USUAL OCCUP			KIND C	OF BUSINESS OR
Ц		reenbelt	Greenber	+ Nursing (	Center			homemake	r		n/a	
4	13a S	AL RESIDENCE (15 NURSING HOME OF TATE 13b COUP		130 CITY OR TOWN		13d INSIDE CI	TY LIMITS?	13e STREET ADDRE	SS / ZIP C	ODE		
4	-		e George	Beltsvi:	lle		NO X	4507 Wice	mico	Ave.	2070	05
2	14 FA	William Osc	MIDDLE S	Shank		Nanc		WE	€	Hai	milt	dn
4		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITYNO	17 INFORMAL	11	AC	DRESS		Vorl	k, Pa.
1	[Y	ES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	218-56-3	0/.2	Shervl	A. Oly	verson 209	Cham	hers		-
1		18 CAUSE OF DEATH Enter or	ly one couse per			101101 1 1	110 011	01 0011 20	O L L CALL	I		MATE INTERVAL ONSET AND DEATH
1		PART I DEATH WAS CAUSE			11	REAST	- CA	ARCINO	MA		activity	
-1		IMMEDIA		DAS A CONISSOUE								
-1		Conditions, if any, which	DUE TO, OF	r as a conseque	NCE OF L	WITH	ME	TASTAS	15			
-		gave rise to immediate	) (6)—									
-		couse a stoting the underlying cause lost	DUE TO, OI	R AS A CONSEQUE	NCE OF		1					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO F	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART 1	
	NO.			71111100111101010		X	70710			0		
3	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?				NGS USED OF DEATH?
4	TIF	X		×				YES NO		YES [	CAUSES	NO [
	CER	210 ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY M. MONTH DA	V VEAD	21¢ HOW IN.	IURY OCCURE	RED LENTER NATURE OF	INJURY IN HEW	18 PART I	PART 2)	
9	AL	OR CONTRIBUTING CAUSE OF DE	ATH		19			×				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY ,		21f LOCATIO	N	. Jeru c	OR TOWN		OUNTY	JAIF
	¥	WHILE AL WORK	I AT HOME STR	PEET FACTORY OFFICE F	ARM ETC )	STREET	×	Circ	M TOWN		00411	MAR
		22a   certify that (1) (this hosp	ital) attended th	e deceosed from_	0	251	19 8 7	1012	7.23	. 19	87	that it (we last
		saw the deceased alive or above. (1) (we) (did) (did no	10	123 195	7.0	nd that in my	our) opinion	deoth occurred an th	e date ond	hour and	from the	causes stated
		226 SIGNATURE	74	one deam		DEGREE		-			22c DATE	SIGNED
		10	(au			MD A	TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [		10/	23/87
		ASIF S.		DRI		170 ADDRESS	BERW	YN Hou	se k	20,0	Co11.	ege PIC
		SURIAL, CREMATION, REMOVAL		1		EMETERY OR C		23d LOCATION	N	EOL	NIY	STATE
		Burial	10/26,	/87 Ge	orge	Washing	ton		ohi Pr	ince	Geor	
		DOWNELD V D	7.1	/ OO Promodo	m Mil	1 Pd	250 DAT	E REC D BY REGIST	RAR 256 REG	GISTRARS	SIGNAT	TURE
		Donald V. Borgw	ardt B	itsville	Md	20705	non	E 0.17 (D07	100	05.3	~0	

DHMH 16 60M 7 B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the Bishould be detached for use as the burial-transit permit. Then please intime with the State Dept of Health and Mental Hygiene prior to burial, cremital

IMPORTANT If them 21 is marked or them 18 show



DeVol Funeral Home

Washington, D.C.

BP.

DHMH 16 50M 1 81 (VRA 15. 4)

Cheltingham, Maryland

250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATUR

. J'vop . 3.U - svijenje ini SA . D.

avi ser recht 330 x e fagernt / avreen ebrul - Such rel anima (

Burlat Cet. 3.1-07 Mr. Veta, Cer. Cethoune, Mantana O Ti soconi lani

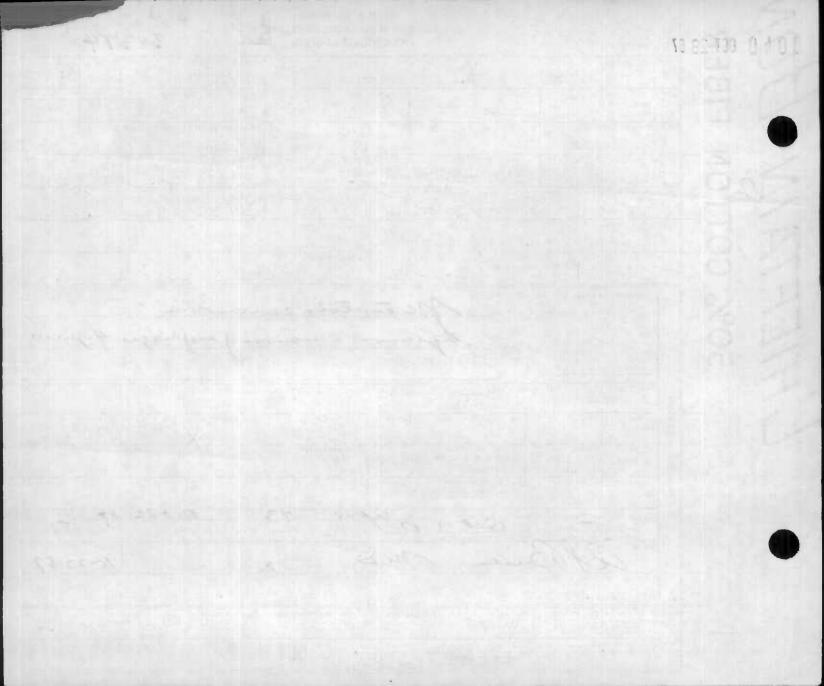
FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30374

	REGISTRAN				REG NO	1	
	ECEASED NAME FIRST	WIDDLE	EAST		20 DATE OF DEATH M	SONTH DAT YEAR	2b HOUR
	Beverly	R.	Luckritz	3	10/22/87		9:00 r
3 SE	EX	4 RACE	5 DATE OF BIRTH	1	6 AGE TIN YEARS LAST BIRTH	DAY PRIVA	R TITLER R
	F	white	6 2º	9 37	50	YRS	HC H MIN
7a 8	BIRTHPLACE ATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		O BALTIMORE CITY OR		
	Missouri	USA	WIDOWED T	DIVORCED [		orge County	,
10 (	CITY OR TOWN OF DEATH		, NURSING HOME OR OTH		120 USUAL OCCUPATIO		OF BUSINESS C
F	Beltsville	4307 Brigg	s Chaney Rd.		cafeteria as		ol syste
USU	JAL RESIDENCE OF NURSING HOME OF	ROTHER IN TITUTION LIVE RELIDE	NCE BEFORE ADMITTION		4		or syste
130	Maryland Princ	e George Bel	tsville YES	SIDE CITY LIMITS?	4307 Briggs	Chaney Rd	20705
14 F	ATHER'S NAME			THER'S MAIDEN NA		onanoy na.	2010)
F	Alfred	C. Rich	ter	Melvina	WIDTHE	Nirema	an
160	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO 17 INI	ORMANT	ADDRES		
I	YES NO OR LINKNOWN)   HE YES GI	VE WAR OF DATEST 487-	36-8598 Wil	liam Luck	kritz 4307 Br	iggs Chanes	r Rd 20
	18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE	nly one cause per line for in	and c		^	BETWEE	NONSET AND DEAT
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ing to death but not re	LATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1	0
CERTIFICATION	19a Date of Operation	196 CONDITION FOI	R WHICH OPERATION WAS	PERFORMED		206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
CER	21a ACCIDENT WAS UNDERLYING		ZICH	OW INJURY OCCUP	RRED ENTER NAT PECE INJ. N.	N TEM F PART OF PART	
CAL	OR CONTRIBUTING CAUSE OF DEA	-111	19				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR		CATION	ITY R 1 W	N SOUNTY	Att
2	WHILE NO! WHILE AT WORK	TALLOWE STREET PACTOR	T OFFILE PARM ETC.)	- TALL			100.0
	22a L certify that ID (this hospi	ital) attended the decease	d from apre	2 19 73	3 to Oc	+22,0 87	that I (we la
	sow the deceased alive on above (L'(we) (did (did no	tyrew the body after dear	th. 19 and that	n (my (our) opinion	death occurred on the date	e and hour and from th	e couses stated
	226 SIGNATURE	2	DEGREE				E SIGNED
	605.0-	healn	M.D	PHYSICIAN 1	MEDICAL STAFF	IN 10.	23-87
	224 PHYSICIAN'S NAME (TYPE C			DDRESS			
	Arthur S. Bres.	ler	10	881 Lockw	ood Dr. Silve	er Spring M	d 20901
23a	BURIAL, CREMATION, REMOVAL	1236 DATE	23c NAME OF CEMETER	Y OR OPENA A TORY	23d LOCATION		
	LEDECKED	10/00/00					
	(SPECIFY Burial	10/27/87	George Wash			cince Georg	e Md.
24 D	(SPECIFYBurial	10/27/87	George Wash	ington			
24 D	(SPECIFYBurial	10/27/87 rdt 4400 Pow Beltsvil	George Wash	ington	Ade'lphï Pr		

DHMH 16 60M 7/84 (VRA 15, 4)



# STATE OF MARYLAND

069582 OCT	23	FOR STATE GISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE /	300	. 3
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	WONTH DAY YE	AR 26 HOUR
nay be page 3	(117)	CHI	U	KAO	LUI	1G	OCTOBER 15	1987	1:45P M
300 a	3 SE	X	4 RACE		5 DATE C		6 AGE TIN YEARS LAST BIRT		
sector rs oft		Male	Orie	ntal ()	Nover	nber 15,1914	72	YRS	AT HE K MIN.
h Pog ol direct		IRTHPLACE IN ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0		9 BALTIMORE CITY OF		Н
nero n 72		country China	Nation	alist alist	WIDOWE	NEVER MARRIED	Prin	ice George	S MD
er di		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION		ND OF BUSINESS OR
s offer by the iled w		Lanham	Docto	rs Hospi	tal of	Pr. Geo Co.	Retired-Che		taurant
MARYLAND 212 red with 24 hour mplefely filled in ond 2 should be if exominer must be	Mai		OTHER INSTITUTION OF THE PROPERTY	GIVE RESIDENCE BEFORE 130 CITY OR TOW Silver S		13d Inside City Limits? YESXX NO []	13. STREET ADDRESS / 7515-Alfred	ZIP CODE   Drive 2	0910
The Same	14 F/	ATHER'S NAME	MIDDLE	LAST	-	15 MOTHER'S MAIDEN NAM	ME		LAST
MA!			Song	Lung		Unknown			4401
		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRES	55	
Pog.		YES, NO OR UNKNOWN) (IF YES GI	E WAR OR DATES)	577-86-2	544	Shyue Yeu Lor	ng (Son) Same	as #13	
ST., BALTIMORE rithicate be execu- physician and/e, anpapers. Pages, emoval		18 CAUSE OF DEATH (Enter of PART   DEATH WAS CAUSE IMMEDIA	ily ane cause pe D BY TE CAUSE (a)	er line to con the one	6 Ni	me tu	ange	3 L BETW	PRÖXIMATÉ INTERVAI VEEN ONSET AND DEATH
oth ce corbing carbin on or re			DUE TO, O	OR AS A CONSTQUE	NCE OF	1 Fo 1	De fand		
W. PRES		Conditions, if ony, which gove rise to immediate cause to stating the underlying cause last	DUE TO, C	DR AS A CONSEQUE	NCE OF	- rena	-jon oou		
equires the signed by Then pleas rate burial, injury, or o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	In al disease or cond	IITION GIVEN IN PAR	T lies
DIVISION OF VITAL RECORDS,  NG PHYSICIAN The low requir offending physician (fer this certificate has been sig as the bural-tronsit permit Then th and Mental Hygiene prior to b orked or item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	. 196 CONE	OITION FOR WHICH	OPERATIO		200 AUTOPSY ? YES NO 🖾	20b IF YES, WERE FII IN CERTIFYING CAL YES []	JSES OF DEATH?
SICIAN of physic certifications ential from them 18 si		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	2)c HOW INJURY OCCURR	ED LENTER NATHER OF INJUR	IN ITEM 18 PART RPAR	(n
PHY: tendrift the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOTWHILE A WORK AT WORK		OF INJURY TREET FACTORY OFFICE F	ARM ETCS	211 LOCATION STREET	ITY OR TOW	IN COUNT	Y
DIN OUR After OIL			and the second of the	- A		10 85	10/1	7 10 8	7
H Hess		22a I certify that (It (this holp sow the deceased allower	10/18	meceased from_	7 00	d that in (my) (our opinion o	death occurred on the da	te and hour and tram	that    (we) last
R ATTI hospined for hed for tem 2		77b SIGNATURE	ti view the bod	Cafter death		DEGREE			ATE SIGNED
The Day		N SIGNATURE S	later		00	ATTENDING PHYSICIAN Z	MEDICAL STAF	F	ATESIGNED
HOSPI Bined b		ABRAHAM	DA DA	BELA		170 ADDRESS 4404 BU	eens bern	2 Kdx	Pirendlum
O \$ 0 4 3 M	23a	BURIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	7	
BP	1	Burial	Oct.1	8,1987 Ge	orge 1	Washington Cer	n Adelphi, Pr	Georges	Co., Maryland
DHMH 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR WAME WM. Lee's Sons (		ADDRESS		250 DAT	RECD BY REGISTRAR	Bb REGISTRARS SIG	NATURE DE LA COMPANIE
(VNA 13, 4)	U.	WITTE S SOILS (	0.300-4	tui bu., NE	, Wasii	. 11020004	- TOOLS		

- STATE

DHMH 16 60M 7 84

(VRA 15, 4)

6404 Greg St. 20743 Brooks ADDRESS Joseph Mackall Apt. #404 Dares Beach Rd. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THATERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATIRE OF INJURY IN ITEM 18 PART OR PART) and that in (my lour) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN Centor 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) MD" Burjal. Oct. 31, 1987 Patuxent Chr. Cem. Huntingtown Calvert 250 DATE REC D BY REGISTRAR 256 REGISTRARS SIGNATUR 24 FUNERAL DIRECTOR 1451 Dares Beach Rd. NOV Spencer E. Sewell Prince Frederick, MD 20678

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

DAY

10 - 24 - 87

2b HOUR

126 KIND OF BUSINESS OR

IF INDER 21 HW

113-121 3 1 10 1 10 At the management of the second of the secon The state of the s Course H. Perell . Defend Treferential throatest

Balto., Md.

Julia Baijden Port

DHMH 16 60M 7 84

(VRA 15, 4)

State Anatomy Board

FOR - STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR	1.			CLKIII	ICHIL	OI DEATH		REG	NO				
11	I DEC	PRINT	FIRST	٨	MIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAY	YE AR	26 HOUR	
4	13	F	lazel	Me	elba	Ma	rks		Oct	ober	21,	1987		7:00	ам
	3 SEX	(		4 RACE		5 DATE C	OF BIRTH		6 AGE	IN YEARS LATE	BIRTHDAY	IF INDE	RIYEAR	IF I NOTR , 4	HRI
	Fe	emale		White		July		1903 YEAR		84	YR	S PONT	.A+	HC R1	MIN
7		RTHPLACE LIFE OF	REONERS	76 CITIZEN OF	WHAT COUNTRY?	8		EVER MARRIED	9 BALTI	MORE CITY		NTY OF DE	ATH		
/		ashington	D.C.	U.S.A		WIDOWE	2 /	DIVORCED	Pr	ince	Georg	ge's (	Oun	+1/	MD
L	10. CI	TY OR TOWN OF DE	ATH	11 NAME OF	HOSPITAL, NURSIN		OR OTHE	R INSTITUTION	120 USU	AL OCCUP.	ATION .	126	KIND OF	BUSINESS	OR
	Hy	attsville			2nd Aver					ning	SI OF WORKIN	O	ffice	S	
-	USUA 13a S	AL RESIDENCE IF NUI	136 COU	ROTHER INSTITUTION		ADMISSIONS	0.124 INI	SIDE CITY LIMITS?	112 STDEE	T ADDRES	S / 7IP C	ODE			
)		aryland	P.G		Hyattsy		YES [					enue	20	781	
11		THER'S NAME		MIDDLE	1463		15 MO	THER'S MAIDEN NA	ME	MICHORE					
7		William	Fra	nklin	Wilson			Etta		WIELDER		F	Phille	eps	
1		AS DECEASED EVE		RMED FORCES?	16b SOCIAL SECU	RITY NO	17 INF	ORMANT		·51	10 4	2nd A	ven	ue	
	N		(IF TES GI	VE WAR OR DATES	578-26-4	866	Carl	A. Mark	s (So	n) Hy	attsv	ille,	Md.	2078	31
		18 CAUSE OF DEA	TH Enter or	nly ane couse per	line fai a ib ani	d c						Le	APPROXIA	NATE INTERVA	AIH
		PART   DEATH		TE CAUSE (a)	ardiac	Star	nd-	stell-					0		
П					R AS A CONSEQUE										
		Conditions, if on	y, which			ionly	, al	cheemer I	Diseay	P			34	A	
		gove rise to in cause a stat		DUE TO OF	R AS A CONSEQUE	, 4	7	7					,0		
		underlying cous	se last	10 6	funerla		Car	die Vaser	ulas I	Dunca	LP		6 41	A	
		PART 2 OTHER SIC	GNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RE	LATED TO THE TERM	AIN AL DISE	ASE OR CO	ONDITION	GIVEN IN F	PART 1 a		
	CERTIFICATION														
7	CAI	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS	PERFORMED	20a At	JTOP 12		YES, WERE			>
4	RTIF		Щ						YES	NO		YES 🗌		NO []	
-		OR CONTRIBUTING	-	1 216 TIME O	FINJURY M. MONTH DA	YEAR	21c H	DW INJURY OCCUR	RED LENTER	NATURE OF IT	RIN TEM	B PART OR	PART		
/	MEDICAL	IF EITHER NOTIFY MED			М.	19									
	AEDI	21d INJURY OCCU		21e PLACE (	OF INJURY EET FACTORY OFFICE F	ARM ETC	211 10	CATION		TY k	IOWN	6.00	INIY	MAI	E
	<	MAILE NOT W	ORK				1,			1					
		220 I certify that				,	/	. 19	to	10/0	1	19		nat I (we	
		above we	sed olive or (d)d) (did no	10/9/87 of view the body	ofter death	. 01	nd that i	n (my) (aur) opinion	death occu	rred an the	date and	hour and tr	rom the c	auses state	d
		226 SIGNATURE					DEGREE	ATTENDING	MEDIC	A.1	TAFF	22	DATES	IGNED	
		Jan	len	W Kee	ley -	mD		PHYSICIAN [	DIRECTO	OR PHY	TAFF SICIAN [		10/	21/87	7
		22d PHYSICIAN'S N			4			DDRESS							
		Dr. Gord	aon w	. Kelley	, M.D.		612	24 41st Av	venue	Hya	ttsvil	le, M	d.	20782	2
		URIAL CREMATION PECIFY) Buri	_	10/24/8				Y OR CREMATORY Cemetery		entwo	ood	P.G.	т М	aryla	hd
	平平	ancis RECas	ch's S	ons Fur	neral Hon	ne. P	. A .	25a DAT	TE REC'D B	Y REGISTRA	AR 256 REC	SISTRAR'S	SIGNATU	IRE	
	473	39 Baltimo	re Av	enue H	vattsville	. Md	. 20	781 NOV	04	1987	Julia	Divide	m. Po	adall	1
						-				1001					

DHMH 16 60M 7/84 (VRA 15, 4)

0 7 0 3 t i 20 + 5 57

STATE OF MARYLAND

Ft. Lincoln Cemetery

DHMH 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

11/02/87

Burial

50 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Brentwood

26 HOUR

0706

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTII	FICATE OF DE	ATH	R	EG NO			
UV	PE OF PRINT	FIRST		MIDDLE		LAST		20 DATE OF DE	ATH MONTH	DAY YE	AR 2b H	HOUR
	THE OR PRINTS	FUP	JΔ	B	M	AXWELL			10	77 1	X7 10	X S AN
3 5	SEX		4 RACE		5 DATE	OF BIRTH		6 AGE LINYEARS	LAST BIRTHDAY)	IF IIN(IN R		NETR , I HRY
	FEMALE		BLACK		MONT 1U		YEAR Z 1	bb	YRS		DAT HOU	MIN
70	BIRTHPLACE ALEO	r FOREIGN	The second secon	WHAT COUNTRY	2 8		-	9 BALTIMORE			Н	
)	North Caro	lina	II.	S.	WIDOW	D NEVER MA	RRIED -	DDINGE	GEORGES	- 1		A
/ 10	CITY OR TOWN OF DE					OR OTHER INSTIT		120 USUAL OCC	UPATION	12b KI	ND OF BUS	SINESS C
4				CH FACILITY GIVE STRE				(TYPE OF WORK FOR		GUFE) INDUS		
_	SUAL RESIDENCE UE NO	RSING HOME OF		GFORGE GIVE RESIDENCE BEFO		PITAL CE	NTER	Hous	sewife		None	
	Maryland	13b COUR	VTY	Capital	WN	13d INSIDE CITY	V LIMITS?	130 STREET ADD			20	747
14	FATHER'S NAME	1	<u> </u>	Capicas	. IIgire	15 MOTHERS A			TDOG III	rende		
)	FIRST		MIDDLE	LAST		FIR	rst		DDLE		FAST	
1	Daniel	Hen		thune		Li			ADDRESS	McMil:	lan	
160	(YES NO OR UNKNOWN)		VE WAR OR DATES	166 SOCIAL SEC		17 INFORMAN			HUDRE 33			
	No			245-62-	-3010	Euphia 1	M. Was	hington	3329 Wa			
	18 CAUSE OF DEA			line for a , (b , c	and Ic	!		10.	100	BET	PPROXIMATE WEEN ONSET	AND DEA
	PART I DEATH		:D BY TE CAUSE (a)	CAR	DIO	PULI	101	(+1/K)	AIGHT			
				2 15 1 5011550	UENCE OF			/	1	1		
	Conditions, if an	which	DUE TO, O	R AS A CONSEO	276	MYD	CAR	2DIAL	ShFA	KETTE	dl	
	gove rise to in	nmediate	) 101_			- 1			7		- /	
	underlying cau		DUE TO, O	R AS A CONSEO	UENCE OF	F 77=	2	ME II	1-12			
			(c)		11/2		7	VI	1 1/2		07.1	
Z	PART 2 OTHER SIG	JAL	CONDITIONS CI	SUFF	CITE	M CY	O THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PA	KI I a	
7	190 DATE OF OPER	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORM	MED	20a AUTOPSY		YES, WERE F		
7   =								YES T NO	OL LINCE	RTIFYING CA		O
CEPTIFICAT	210 ACCIDENT WAS U	NDERLYING [	7 216 TIME C	OF INJURY		21c HOW INJU	JRY OCCURR	RED LENTER NATURE		IS PART DR PA	RT,	
	OR CONTRIBUTING	4	AIR	M MONTH								
MEDICAL	21d INJURY OCCU			OF INJURY	19	21 LOCATION	1					
A P	WHILE NOT			REET FACTORY OFFICE	E FARM ETC +	STREET			TY OR TOWN	LOUN	17	TATE
		ORK			1 6	10			9 (0)	1 6		
	22a I certify that		1 1 60	1:1	4-9	114	19_0	to	127	19 5		(I (we)
	above, (1) (we)	(did) (did	view the body	offer death	3.7. 9	nd that in (my) (a	our   opinion i	deoth occurred or	the date and			
	226 SIGNATURE	1		2/1		DEGREE	*****	durance.		220	DATE SIGN	JER C
4	Hm	-d	~	NEW	3		TENDING HYSICIAN	MEDICAL DIRECTOR []	STAFF -	11	124	107
	224 PHYSICIAN'S	VAME (TYPE	OR PRINT)			22e ADDRESS	2			1- 1	1.00	1
	ARVIT	111	M. A	NEMT	A	7100	6A	UIM	2F-1	WE, a	blea	Ce/L
/	a BURIAL CREMATION	J DE MOVAI	236 DATE	1 23	NAME OF	CEMETERY OR CR	FAAATORY	123d LOCATIO	N	14	5 20	7/
13	(SPECIFY)							CITY OR TI	OWN	COUNTY		TAIL
24	Buri FUNERAL DIRECTOR	al	110-31-	-87	washin	gton Nat	ional.	Suit Suit	Land STRAR 256 REC		laryla	ind
	NAME		1661 6	od Hope	n 1	C F	INOV	103 100	7 July	- 1	on Pan	1 . 2
IR	obert G. M.	ason	1001 GO	оа норе	koad,	5.L.	1	0 0 130	June	~ KINNON	es. Koon	dall

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

07067,1 101-1-67 . The proof of the control of the co

O HOSPITAL OR ATTENDIN

BP.

DHMH 16 60M 7 B4 (VRA 15, 4)

must be notified of ordice.

medical examiner

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

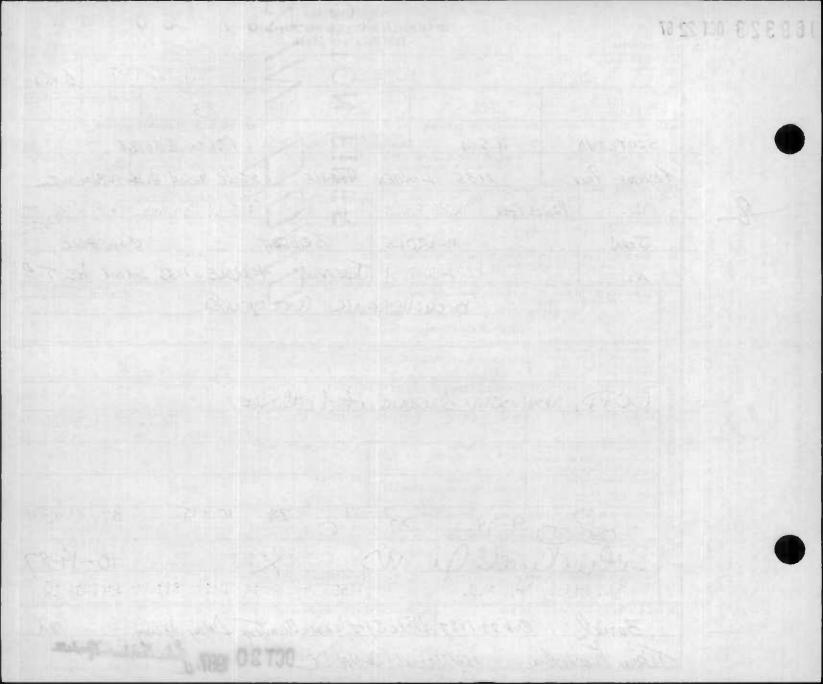
t	2 BTEGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	NO		
	DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
L	(TITE OR PRINT)	EUFE	EMIA	β.	MAZ	ARIEGOS	OCTOBER	2 24	1987	8:00/A M
3	SEX		4 RACE		5 DATE O		6 AGE (IN YEARS LAST B		IF LINDER I YEAR	R IF (INDER , 4 HR)
	FEMALE		WH	ITE	MARC		6	/ YRS	M MINIMI DATE	HOURS MIN.
17	G. BIRTHPLACE (STATE OF	r foreign		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	QUATEMAL,	A	QUATE	MALA	WIDOWE		PRINCE GE	DRGES	Coun	TH ME
1	O CITY OR TOWN OF DE	ATH	11. NAME OF H		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND	OF BUSINESS OR
4	LANHAM		9002	2ND S	TREE	-	HOMEM			HOME -
E 1	JOUAL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
- 1	MARYLAND	P.G.		LANHA		YES NO	9002 2	ND ST	REET /	20801
	FATHER'S NAME		MIDDLE	IAST	.,	15 MOTHER'S MAIDEN NA	ME		7	
	MIGUEL		- M	A A A	GOS	ALICIA	MIDDLE	- 1	MALDO	NADO
10	60 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDI		1710001	0112
	(YES NO OR UNKNOWN)		WAR OR DATES)	218-06-	6120	JOVINTA LYNC	H (DAUGHTE	R) 51	ME AS	#13.
F	18 CAUSE OF DEA			line for (a), (b), an	d c		11.0			XIMATE INTERVAL
Т	PART I DEATH V	WAS CAUSE	E CAUSE (0)	ESPIRATT	A 1	FAILURE				
ı		IMMEDIAI		245 4 500 1550 11						
Т	Conditions, if any	which	DUE TO, OF	AS A CONSEQUI	ATIC	GALL BLADDER	CARCII	Frinz		
Т	gave rise to im	mediate	) (6)			ONCE BEH OUCE	- Chillian	OC POT		
	underlying causi		DUE TO, OF	R AS A CONSEQUI	ENCE OF					
ı	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	UNIAL DISEASE OF COL	NDITION CI	VENI INI DADI 1	
1	NO NO		0.10110110		001	TOT RECALED TO THE TERM	TIVAL DISEASE OR CO.	1011011	TO HAT ART I	u
2	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	
1	Ĕ I						YES NO NO		IFYING CAUSE	S OF DEATH?
	210 ACCIDENT WAS UN	NDERLYING	216 TIME O		777	21c HOW INJURY OCCUR			U	
			in .	M MONTH D						
	OR CONTRIBUTING (IF EITHER NOTIFY MED)  21d INJURY OCCUR		21e PLACE (		19	21f LOCATION				
Т	ANURE NOT W	HILE	(AT HOME STR	EET FACTORY OFFICE F	ARM EIC :	STREET	, ITY OR I	OWN	OUNTY	STATE
ı	22a 1 certify that (1		all attended the	a deceased from	7	5-2-1 19 57	to Lo	~ 7 4	10.77	that (I) (we last
	saw the deceas	sed alive an	10-2	4 19 8	57	nd that in (my) (our) apinion		date and ho	17	
	abave, (1) (we) (	(did nat	view the bady	after death		DEGREE				E SIGNED
		130	115	)		ATTENDING		AFF		21 1025
+	22d PHYSICIAN'S N	AME LIVE OF	PRINTI			PHYSICIAN L	DIRECTOR PHYS	ICIAN L	10ct.	24, 1481
	4.4						1-0-0 11-0-0		. 1	. 20
-	MICHELE		m.D			GEORGETOWN UNI		MAC-	WASHING	TON D.C
12	30 BURIAL, CREMATION	, REMOVAL	23b. DATE	1236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	TATE
-	BURIAL		10CT/26	187 PA	RKUAL	UN COMETERY	ROCKVILLE	MONT	. Co. 1	YARYCAN
1	4 FUNERAL DIRECTOR			ADDRESS		25a DAT	E REC D. BY REGISTRA	R 251 REGIS	TRAR'S SIGNA	TURE
V	N.W. CHAMBER	S CO.	INC. 580	I CLEVERNI	) AVE.	ENERDALE NO LL	100 1901	0		

STATE OF MARTLAND SEPARTMENT OF HEALTH AND MENTAL HYG	(IEN	2	1		3
CERTIFICATE OF DEATH				REG I	40
LAST	70	DATE	OF	DEATH	MONT

	NEO-IO-IN-IN						NO		
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	JAMES			1cARD	LE	OCT	. 19,	1987	6:45 AM
3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST E	RTHDAY)	IF UNDER I YEAR	IF INDER 24 HR
	MALE	CAL	JC	MONTH	8 DA77 YEAR 14	73	YRS	WINDHS MAT	HOUR MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	0	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	SCOTLAND	4.5	S. A.	MARRIE	D XX NEVER MARRIED U	PRINCE	GEO	PCF	MD
_	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	•	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
1	Alleria Page		HEACILITY, GIVE STREET A	1 1	Alexin	TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	./
USU	AL RESIDENCE (IF NURSING HOME OF			NOEN ADMISSIONI	AVENUE	STONE MAS	ON BL	DE SUPER	VISIZ
13a S	TATE 136 COUN	11A	TAKOMA PA	V	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			DI 115
	ARYLAND   Kan	CF (TEC	TIAKUNA PA	ARK	YES X NO	11135 Linde	en Ave	e. Takoma	
	FIRST	WIDORE	LAST		ERST	WIDDIE		LAS	
	JOHN		MCARI		BRIDGE	ADD	0555	CAMPBO	ELL_
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GTV	MED FORCES? E WAR OR DATES)	16b SOCIAL SECUI		17 INFORMANT			, , ,	1 -0
	No		577-50-7	/951	JOSEPHINE 1	MCARDLE - 1	135	LINDEN A	VE 1.1.
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	lipe for (a), (b), one	lice	10 0			BETWEEN (	IMATÉ INTERVAL ONSET AND DEATH
		E CAUSE (a)	PLCN C	4096	onic core	choma			
		DUE TO O	r as a conseque	NCEOF					
	Conditions, if any, which	( <sub>1b</sub> )_							
	gave rise to immediate cause (a), stating the		r as a conseque	NCEOE					
	underlying cause last	(6)	K AS A CONSCOUL	INCE OF					
	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO.	NDITION G	IVEN IN PART 3	
N N	COPD. Nr	Kerlin	1000 Mi	DIAC	all dille	400			
I A	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
풀						YES TO NOT		TIFYING CAUSES	OF DEATH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURE				
	OR CONTRIBUTING CAUSE OF DEA	in -	M MONTH DA						
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES		OF INJURY	19	211 LOCATION				
A.	WHILE NOT WHILE		REET FACTORY OFFICE FA	ARM ETC )	STREET	CITY OR 1	OWN	LOUNTY	STATE
	AT WORK AT WORK	is Donator at a find at	- 1 - 1 /		- 17 10 78	10 - 10		·- C45	
	22a I certify the (1) This hospi	(1)	/		nd that in (my) our) apinion (	death accurred on the	date and h		that (II (we) list
	saw the deceased almobate. (If we had all all all all all all all all all a	t view the body	åfter deoth		DEGREE				
	V. 00	0	1	1AF	ATTENDING	/MEDICAL ST.	AFF	22c DATE	10 20
	etul	yax	- 11	VV	PHYSICIAN	DIRECTOR   PHYS	ICIAN 🗌	110-	-17-0/
	THE PRESIDENTS MAME THE		0		12E20 Process	mitu Daivo	Cilv	on Snain	a MD
	John Kijak,	74., M	.U.		12520 Prospe	rity brive	3110	er shriii	30904
23a 8	BURIAL, CREMATION, REMOVAL	23b DATE	23yn	AME OF C	EMETERY OR CREMATORY	23d LOCATION		LOUNTA	DIAIV?
	Buriel	Oct 22	1987 81	ule C	4 Dearer Cum	Delye,	Dogwood	COUNTY	mx
24 FI	UNERAL DIRECTOR		ADDRESS	0	25a DAT	ERFY D BY REGISTRA	M HICK	AR S SIGNAT	UR
1	a Roma Eurnal Ali	W/	254 CAIN	all!	LNW DC OGT	20 1097	Jedia D	The Street of the	

DHMH = 16 60M 7/84 (VRA 15, 4)

MPORTANT If Hem 21 is marked or Item 18 shaws any injury. or other traumatic event, the medical



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

The safter death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burnal-transit aermit. Then please remove carbon papers, P with the State Dept of Meolth and Mental Hygiene priar to burnal, cremation, or remayal.

retorned by the haspital ar

DHMH 16 60M 7/84

(VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CERTIFI	CATE OF DEATH		REG	NO		
1 DECEASED NAME	FIRST	MIDDLE		ŧ.A.	ST	20 D/	TE OF DEATH		DAY YEAR	76 HOUR
(TYPE OR PRINT)	Kathle	en Lou	ise N	McCo	rmack		10 -	01 -	1987	1:30 <sup>A</sup>
3 SEX	4	RACECaucasi	lan	5 DATE OF			(IN YEARS LAS	BIRTHDAY)	-IF LINDER I YEAR	
Female		XX		9 1	9 1898	8	9	YRS	WONTH JAK	HOURS MIN
70 BIRTHPLACE (NIAT	E OR FOREIGN 76	76 CITIZEN OF WHAT COUNTRY? 8			□ NEVER MARRIE	9 BAL	TIMORE CIT	OR COUN	TY OF DEATH	
New	York	U.S.A. WIDOWED					ince	Georg	re	MI
Mitchell	- 1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Villa Rosa Nursing Home			(TYPE C	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Secretary  1.5. Govt.				
USUAL RESIDENCE (# 13a STATE  Flordia	NURSING HOME OR OF	POTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		13d INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE			33063	
A FATHER'S NAME		DDLE	LAST		15 MOTHER'S MAIDE					
John	-		risfiel	.d	Kathi	ryn	MIDDLI		Galla	gher
160 WAS DECEASED E		VAR OR DATEST	OCIAL SECUR		Carryl P.	Frank	2609	Kinway Mary	y Lane	0715
	FATH (Ento), and	one couse per line lo			Odilyi 1.	11 cuin	DOWIC	, mar		MATE INTERVAL ONSET AND DEATH
PART I DEAT	H WAS CAUSED I	BY		soul	ine of	end	Aro.	la.	BEIWEEN	ONSET AND DEATH
	IMMEDIATE CAUSE (o)									
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (b)									
cause (a),	cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF									
onderlying C	oncertying coose lost									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a									
190 DATE OF OP	ERATION	196 CONDITION	FOR WHICH C	PERATION	WAS PERFORMED		AUTOPSY?	IN CER	YES, WERE FINDE	NGS USED S OF DEATH?
210 ACCIDENT WA	S UNDERLYING	216 TIME OF INJU	IRY		21c HOW INJURY O				L. J	140
On convenience	CAUSE OF DEATH	HOUR A.M A				10				
(IF EITHER NOTIFY 21d INJURY OC	MEDICAL EXAMINER)	P.M. 21e PLACE OF INJ	ILIDA	19	211 LOCATION					
	OT WHILE	TAT HOME STREET FAC		RM FTC)	STREET		CITY O	TOWN	COUNTY	STATE
AT WORK	T WORK			11		20	10.	1	27	
sow the de	270 1 certify that (1) (this haspital) attended the deceased from 19 that (b) (we) los sow the deceased alive an 19 and that in (my) (our) apinion death occurred on the date and from the causes stated									
	obove, (I) (we) (did) (did not view the body after death  726 SIGNATURE  PEGREE  720 DATE SIGNED									
				- (	M D ATTENDI		ICAL S TOR PHY	TAFF SICIAN []	10	.1187
	CAN'T TYPE OF P	RINT			22e ADDRESS	OD 1.	0 10	1	1	
PHYSICIAN PHYSICIAN	7. Moiv	TONPT	WD	- 33	108 Dad	66 AK	120	La	undon	MD
/	A. Mor	TO MP7 23b DATE		- 3:	METERY OR CREMAT	ORY 23d	LOCATION	hou	unlou	MI
CIPO	A. MOIV		231 NA				CITY OR TOWN	derdal	COUNTY	Floride
230 BURIAL, CREMATI	A. Molvon, REMOVAL urial		231 NA		ale Mem. I	Park F	t. Lau			Florida

DE FLORES - FO - TO SERVICE SERVICES CONTRACTOR OF THE SERVICES Flores and deep with the property of the prope tedantiet medant statem at the notes "Call Very 1015 and almost it become - frob-Or-Ses IV -- - - - III to AND THE PROPERTY OF THE PROPER FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	REG. N				
20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOL

	REGISTRAR					REG. NO	D.		
IVDE	CEAS DNAME FIRST		MIDDLE	ī	AS1	20 DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR A.	
MARGUERITE			MCCORMICK		October 27, 1987		6:50 M		
3 SE	3 SEX 4 RACE			S. DATE C		6 AGE (IN YEARS LAST BIRT			
	Female White			Nov	. 10. 1900	86	YRS	AI HC JR MIN	
70 B	IRTHPLACE TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		н	
]	Maryland	U.S	5.A.	WIDOWE		Prince	Georges	MD	
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIN	ND OF BUSINESS OR	
	Hyattsville		acred Hea:		me. Inc.	Homemake		Home	
USU	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4		1101110	
130.	Md. 13b COI	·G.	Temple	Hill:	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		20748	
14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NA		- 01 00/1 1	20710	
	John	R.	Ridgely		Estella	WIODIE	S	eltzer	
16a \	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		eitzei	
(YES NOOR UNKNOWN) (IF YES GIVE WAR OR DATES)			215-46-	3512					
-					THE STATE OF THE S	770001111107			
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUST	only one cause per SED BY	line lar al, bl. and	dic			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
	IMMEDI	ATE CAUSE (a)			Cerebri Va				
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO A VIETUS SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE SILVEN HEAVY DEVILOPMENT OF THE TERMINAL DISEASE SI								
ATIC	190 DATE OF OPERATION	0 00 1			N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIR	NDINGS LISED	
CERTIFICATION	The condition of the co			OFERATIO	N WAS TENTONINED	YES NO	IN CERTIFYING CAU		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	110110	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED CENTER NATURE OF INJUR	TY IN HEM 8 PART OR PAR	1	
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN			19					
MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY	APAA FTC I	211 LOCATION	TYORIO	wn cent	Y	
~	AT WORK NOT WHITE								
	22a I certify that (1) (this has	12	. /	7	1/10/1985	. 10 10/2	198	I that I (we last	
	saw the deceased alive on 12 124 19 8 7 and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death								
	DEGREE  M. L. DEGREE  M. ATTENDING MEDICAL STAFF  PHYSICIAN MEDICAL STAFF  10/27/8							ATE SIGNED	
	224 PHYSICIAN'S NAME (TYPE				144			1/ 2/1	
	II. M. KI	1			6525 Belc		702 My at	S V1 (6 171)	
23a I	BURIAL, CREMATION, REMOVA Burial	10/31/	187 ST	L. Ma	ary's Cem.	Laure1	P.GNI	Marylar	

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT If Hem 21 is morked or

Pleck Funeral Home, Inc. Laurel, Md. 20707

250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

dia Denter Person

Q7 03 0 5 10 F 2 67 Cortal 10/9/87 St. 1-sty's Con. Lauret 1.5: Farytand The state test and the state of the state of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME 20 DATE KNOWN DEATH MATED UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED DEAD Caucasian June 2,1890 97 YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! WIDOWED P DIVORCED United States Washington, D.C. Prince George's county, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK 2 SHOULD BE TATALED S. Lanham Drs. Hospital of Prince George's Co. Homemaker Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO . 3905 Windom Place, N.W. Washington.D.Cl. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PM PM FIRST MIDDLE LAST MIDDLE Robert MacDonald Delia Ouailev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-01-0167 Robert H. McCray No 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c Leveler Chrhoves weler direcce PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BURIAL HEF MEDICAL USED AS A BUI OF HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR A SHEET WAS PERFORMED 20 AUTOPSY? THIS CERTING THE WARRED TO THE CHIS

E. WARRED TO THE CHIS

E. PAGE 3 SHOULD BE U.S

"CATE DEPARTMENTO"

"ALTON TO BUT

"ALTON 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY FARM, ETC.) CITY OF TOWN PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BARTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from Natural causes Hamicide \_\_\_ Accident Undetermined manner ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. 5009 Rayburn Ct , Temple Hills, MD Augusto TYPE OR PRINT PAG TO 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Oct. Burial 27, 1987 Mt. Olivet Cemetery Washington, D.C. 24 FUNERAL DIRECTOR Bethesda, Maryland 20814

Bethesda, Maryland 20814 250. DATE REC'D BY REGISTRAR 256 RE (VR A15 ME (5))

STATE OF MARYLAND

10'07 8 001 23 67 August Relationer, Martin. CCT 27 BBS ( FEET 72 TOO

2 25 11									ICATE OF DEATH	REG N			
10 4	0 0	61 6		EASED NAME	FIRST		MIDDIE	- 1	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
pe /	ge 3 leath		1	F	ern	(	G	Mic	Danald		10 1	7 87	925
E	po ter o		3 SEX	_		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	SUPLIER YEAR	HOURS A
- 5	20			emale		w	hite	04	OH!		BO YRS	CATS	I NOOK I
1	32/		7a BII	RITHPLACE ( LIATE OR E	FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
A ser	X	100	Inc	diana		U.S.A		WIDOWE	DIVORCED	Prince	(mec	1905	
V	10	10	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE	#26 KIND (	OF BUSINESS
ZV	23/		4	vordale		Kel	and 1	Memoi	ial Haratel	Book Keep	er	GMC	Truck
2	545	N. T.	USUA 13a S	L RESIDENCE HE NURS	136 COUN		136 CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		Sal
24	(I)	D.		ryland	P.G.		Hyatts		YES NO	47.07 66th			811
4	16/	1	14 FA	THER'S NAME	^	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME			ST
3	16	17		Oder			Greg	q	Bertha			Boo	
730	p ii	2		AS DECEASED EVER		MED FORCES?		CURITY NO	17 INFORMANT	ADDR	ESS 4		
2	0.0		No				31 4- 05-	2080	Patricia Ann	Smith(Daug	ghterj	Hyatts	ville
the death ce	the attending remotion, or re	her froumatic		Conditions, if any, gave rise to immorphise to statin	mediate ng the	(b)	DRAS A CONSECUTION OF AS A CONSECUTION OF A CONSECUT	osclar	A Cor	may Il!	Discu	4	
ires that the death ce	gned by the attending n please remove carbo burial, cremation, or re	ry, or other troumatic		gave rise to imm	mediate ng the last	DUE TO, C	DR AS A CONSEC	DUENCE OF	NO RELATED TO THE YER	MINAL DISEASE OR COM	DISCU IDITION GIVI	EN IN PART I	Q
requires that the death ce	en signed by the attending Then pleose remave carbo or to burial. crematian, or re	injury, or other troumatic	rion	gave rise to imm couse roi, statin underlying cause	mediate ng the last	DUE TO, CO	ONTRIBUTING T	DUENCE OF	( VA)	MINAL DISEASE OR COM	DISCHA	EN IN PART 1	U
low requires that the death ce	is been signed by the attending ermit. Then please remove carbo e prior to burial. cremation, or re	s any injury, or other froumatic	ICATION	gave rise to imm couse roi, statin underlying cause	mediate ng the last	DUE TO, CO	ONTRIBUTING T	DUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b IF YES	EN IN PART 1	NGS USED
The law requires that the death ce cian.	has been t permit T ene prior	shaws any injury, or other troumatic	RTIFICATION	gave rise to immoved to immove the course to stating underlying cause  PART 2 OTHER SIS-  19a DATE OF OPERA	mediate ng the last	DUE TO, CO	ONTRIBUTING TO	DUENCE OF	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b IF YES IN CERTIF	, WERE FINDI YING CAUSES	NGS USED
IAN. The law requires that the death cephysician.	te has been 15st permit T igiene priar	n 18 shows any injury. or other froumatic	L CERTIFICATION	gave rise to immore couse 101, statin underlying cause PART 2 OTHER 1	mediate ag the lost	DUE TO, CO	ONTRIBUTING TO	DUENCE OF	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
YSICIAN. The law requires that the death ceing physician.	has been t permit T ene prior	Item 18 shows any injury, ar other troumatic		gave rise to immodule to the couse to import to the couse part 2 OTHER 199 DATE OF OPERA 219 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT	DERLYING CAUSE OF DEA	DUE TO, C	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHILE TO CONTRIBUTE	DUENCE OF	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b IF YES IN CERTIF	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
PHYSICIAN. The law requires that the death ce tending physician.	has been t permit T ene prior	ed or Item 18 shaws any injury, ar other troumatic	MEDICAL CERTIFICATION	gave rise to immanded to immanded the course to stating underlying cause  PART 2 OTHER 18-190 DATE OF OPERA  210 ACCIDENT WAS UNTO OR CONTRIBUTING 10 (IF EITHER NOTIFY MEDICAL COURT)  WHILE NOTIFY MEDICAL COURTS AND	DERLYING CAUSE OF DEA	DUE TO, CO  ICO  INDITIONS G  19b COND  19b TIME C  H HOUR A  P  21e PLACE	OR AS A CONSECUTION FOR WHI	DUENCE OF  CO DEATH BUT  CH OPERATIO  DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b IF YES IN CERTIF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH? NO
DING PHYSICIAN. The low requires that the death ce or affending physician.	has been t permit T ene prior	narked or Item 18 shaws any injury. or other troumatic		gave rise to immacouse 101, stating underlying cause  PART 2 OTHER 11.  19a DATE OF OPETA  21a ACCIDENT WAS UNE OR CONTRIBUTING 12.  (IF EITHER NOTIFY MEDIT 21d INJURY OCCUMENT WAS UNDER 11.	DERLYING CALEXAMINER)  RED	DUE TO, CO  ICO  INDITIONS G  196 COND  198 CO	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION OF INJURY IREET FACTORY OFFICE	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  (E FARM ETC.)	N WAS PERFORMED  71c HOW INJURY OCCU	200 AUTOPSY? YES NO	20b IF YES IN CERTIF YES	, WERE FINDI YING CAUSES S ART II OR PART 2)	NGS USED S OF DEATH? NO
IENDING PHYSICIAN. The low requires that the death ce tal or aftending physician.	has been t permit T ene prior	I is marked or Item 18 shows any injury, or other froumatic		gave rise to immodule to immodule lying cause  PART 2 OTHER 1190 DATE OF OPERA  210 ACCIDENT WAS UNIT OR CONTRIBUTING (FETHER NOTIFY MEDI 210 INJURY OCCURI WHILE NOTIFY MEDI 210 Certify that (I) sow the decease	DERLYING CAUSE OF DEA  CALEXAMINER: RED  (this hospit	DUE TO, CO  ICI  INDITIONS OF  1196 COND  11	OR AS A CONSECTION OF INJURY  OF INJURY  OF INJURY  MEET FACTORY OFFICE  The deceased from	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE FARM ETC.	N WAS PERFORMED  216 HOW INJURY OCCU  216 LOCATION STREET	200 AUTOPSY? YES NO NO NOTE NOT	206 IF YES IN CERTIFY YES	WERE FINDS	NGS USED 5 OF DEATH? NO []
A ATTENDING PHYSICIAN. The law requires that the death ce haspital as attending physician.	has been t permit T ene prior	em 21 is marked ar Item 18 shows any injury, ar other troumatic		gave rise to immacouse 101, stating underlying cause  PART 2 OTHER 11.  19a DATE OF OPETA  21a ACCIDENT WAS UNE OR CONTRIBUTING 12.  (IF EITHER NOTIFY MEDIT 21d INJURY OCCUMENT WAS UNDER 11.	DERLYING CAUSE OF DEA  CALEXAMINER: RED  (this hospit	DUE TO, CO  ICI  INDITIONS OF  1196 COND  11	OR AS A CONSECTION FOR WHITE OF INJURY OF INJU	DUENCE OF  CO DEATH BUT  CH OPERATIO  DAY YEAR  19  CE FARM ETC.  THE TOTAL CONTROL OF THE TO	N WAS PERFORMED  216 HOW INJURY OCCU  216 LOCATION STREET  19  21d that (m (my) (our) opinio	200 AUTOPSY? YES NO NO NOTE NOT	206 IF YES IN CERTIFY YES	WERE FINDI YING CAUSES 5 COUNTY	NGS USED S OF DEATH? NO []  that [] [we]
LOR ATTENDING PHYSICIAN. The low requires that the death cethe haspital or attending physician.	DIRECTOR After this certificate has been ached for use as the burial-transit permit. Tobat of Health and Mental Hygiene prior.	: If Item 2.1 is marked or Item 18 shaws any injury, ar other troumatic		gave rise to immacouse to isotrouse to isotr	DERLYING CAUSE OF DEA  CALEXAMINER: RED  (this hospit	DUE TO, CO  ICI  INDITIONS OF  1196 COND  11	OR AS A CONSECTION FOR WHITE OF INJURY OF INJU	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE FARM ETC.	N WAS PERFORMED  216 HOW INJURY OCCU  216 LOCATION STREET  12 , 192 7  and that in (my) lour) apinion  DEGREE ATTENDING	200 AUTOPSY?  YES NO RRED LENTER NATURE OF INJURY  Of the original of the decorated on the	206 IF YES IN CERTIFY YES	WERE FINDI YING CAUSES 5 COUNTY	NGS USED S OF DEATH? NO []
) HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death ce forned by the haspital or attending physician.	FUNERAL DIRECTOR. After this certificate has been told be detached for use as the bund-tronsit permit. I have State Dept. of Health and Mental Hygiene prior.	19ORTANT. If Item 21 is marked or Item 18 shows any injury, ar other troumotic		gave rise to immacouse to isotrouse to isotr	DERLYING CAUSE OF DEA  CALEXAMINER: RED  (this hospit	DUE TO, CO  ICI  INDITIONS OF  1196 COND  11	OR AS A CONSECTION FOR WHITE OF INJURY OF INJU	DUENCE OF  CO DEATH BUT  CH OPERATIO  DAY YEAR  19  CE FARM ETC.  THE TOTAL CONTROL OF THE TO	N WAS PERFORMED  216 HOW INJURY OCCU  216 LOCATION STREET  12 , 192 7  and that in (my) lour) apinion  DEGREE ATTENDING	200 AUTOPSY? YES NO NOT NOT NOT OR TO NOT OR TO NOT TO NOT TO NOT TO NOT TO NOT THE DOT THE DOT NOT THE DOT NOT THE DOT NOT THE DOT THE DOT THE DOT THE DOT THE DO	206 IF YES IN CERTIFY YES	WERE FINDI YING CAUSES 5 COUNTY	NGS USED S OF DEATH? NO [] that I (we)
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death ceretained by the haspital or attending physician.	AL DIRECTOR After this certificate has been detached for use as the bundistronsit permit. I at Dept. of Health and Mental Hygiene priori	T. If Item 21 is marked or Item 1	MEDICAL MEDICAL	gave rise to immodule to the couse to immoduly ing couse PART 2 OTHER 1190 DATE OF OPERA.  210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL WHILE NOTIFY MEDICAL WORK NOT WHAT WOOK NOT WHAT WOOK NOT WHAT WOOK 220 I certify that (I) sow the decease above, (I) (we) (E) SIGNATURE	DERLYING CAUSE OF DEA	DUE TO, CO  ICI  INDITIONS OF  1196 COND  11	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHILE OF INJURY OF INJ	DUENCE OF  ODEATH BUT  CH OPERATIO  DAY YEAR  19  CE FARM ETC.]  OM Ch	N WAS PERFORMED  216 HOW INJURY OCCU  216 LOCATION 5186E1  72 , 19 2  19 dd that in (my) (our) opinio  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NOTE OF INJUST OR TO NOTE OF TO	206 IF YES IN CERTIFY YES	WERE FINDI YING CAUSES 5 COUNTY	NGS USED S OF DEATH? NO []  that [] [we]

BESSIE CT 27 67 Salar of Landson and to Land 

FOR

	ST	ATE	OF	MA	RYL	AND
--	----	-----	----	----	-----	-----

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

3	0	ق	o	7

I	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
1	1 DECEASED NAME FIRST	WIDDLE		AST (MCGUIRE)		NONTH DAY	YEAR	26 HOUR
	JOSEPH	JOHN		GUIRE	0	CT 22	1987	6:45a M
1	3 SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTI	(DAY)	NOFR FAR	IF NITER AND
	Male	White	10	22 05	82	YRS	A	HO VIET MIN
1	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OF		FDEATH	
1	Wash. D. C.	U. S. A.	WIDOWI	D NEVER MARRIED DIVORCED	Prince	Goorge	1.5	MD
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME		120 USUAL OCCUPATIO	N	126 KIND O	F BUSINESS OR
5	Andrews A.F.B.	(IF NOT IN SUCH FACILITY, GIVE STREET  Malcolm Grov		Conton	Retired L			Manne
7	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)		4		U.S.	Navy
2	Mary land Char				13e STREET ADDRESS /		274 0	0664
-	Maryland [Chai	rles Newburg		YES NOXX	Route 1	30X 4	384 7	11664
7	EIRST	MIDDIE LAST		FIRST	WIDDIE		LAS"	
9		James Mc Gui		Mary 17 INFORMANT	ADDRES	<		herty
7	(YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			ADDITE	Rt.		× 43P4
-	Yes   1922	2 <b>-1952</b> 547-40-	<u>-9717</u>	Sharon Roy	er, Newbu	cg, Md.	206	64
		nly one cause per line for ia ,  b  an					BETWEEN	ONSET AND DEATH
	IMMEDIA.	TE CAUSE (a) RESPIRATO	ORY FA	AILURE				
		DUE TO, OR AS A CONSEQUE	ENCE OF					
	Conditions, if ony, which	( b) PROBABLE	PNEU	MONIA				
	gove rise to immediate cause at, stating the	DUE TO, OR AS A CONSEQUE	ENCE OF					
	underlying cause last	PULMONAR		OLUS				
		CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	a
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING							
1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V		
	£				YES NO	YES [		NO [
/	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	VE.15	21c HOW INJURY OCCURR	RED TENTER NATURE OF ". IR	IN CEM B PART	JR PAH' 2	
			AY YEAR					
	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY		211 LOCATION	122		35	
	- WHILE I NOT WHILE I	LAT HOME STREET FACTORY OFFICE F	ARM ETC )	STREET	ITY OR TOV	N	OUNTY	JATE
	27g L cartify that wall (thus been	ital attended the deceased from_	0/. 8	EPT 19 87		10	87	that Kiwe last
	saw the deceased alive an	1_22_OCT	87	nd that in (XX (our) opinion o			nd from the	causes stated
	obove, (bywe) (did) (did	X view the body after death.		DEGREE			22c DATE	
	01/	auch M.	n	ATTENDING	MEDICAL STAF			
1	22d PHYSICIAN'S NAME (TYPE O	The second secon	0.	PHYSICIAN L	DIRECTOR PHYSIC			OCT 87
							0331-5	
		ER, CAPT, USAF M		MALCOLM GROV		EN, AN	DREWS	AFB MD
	23a BURIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATORY	23d LOCATION		DUNTY	TATE
	Burial	10/26/87 Mc	i. Ve	ts. Cemeter	v Cheltenh	nam, F	. G.	Md.
	24 FUNERAL DIRECTOR			25a DATI	E REC D BY REGISTRAR	Sh REGISTRA	R'S SIGNAT	URE

Arehart Funeral Home, Inc., La Plata, Md

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this centificate has been signed by the otten should be detached for use as the bunal-transit permit. Then please remove cauch the State Dept. of Health and Mental Hygiene prior to burial, cremation.

MPORTANT If Item 21 is morked or Item

the terms of the course of the contract of the CONTROL OF THE PARTY OF THE PAR 1922-1962 Fall-1327 Sharan Anyar, Heriston, Md. 1986 Burish 1975/87 Thinithe Sunratery 10 Ending S.B. . . . .

72 hours after death

FOR STATE

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		A SISTRAR			CEI(111	TEATE OF PEATS.	REG N				
I	T DEC	CEASED NAME FIRST OR PRINT) AnnaBe		E M	cInt	ire	October	25 198		2 : 20	P <sub>M</sub>
	3 SEX	Female	4 RACE Wh	nite	5 DATE OF	5 19.24 YEAR	6 AGE (IN YEARS LAST BE		DNIHS DAYS	IF UNDER 74 HE HOURS MI	_
1		Shington DC	IN CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	9 BALTIMORE CITY O	or county of			MD
		iy or town of death neverly		HOSPITAL, NURSIN HEACHITY GIVE STREET, E GEORGE		ospital	12g USUAL OCCUPAT	PON PORCING (IFE)		ov t	OR
	17a C	TATE ATYLAND 13b Pr		Capitol		139 INSIDE CITY LIMITS?	13502120EEE	y zstepe	et 2	0743	
	14 FA	Charles	MIDDLE	Edelin		Cather			LAS	ST	
	16a W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES!	578 20		Bruce Edwa	ard McInt		Same a	as #13	3
		18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause of stating the underlying cause lost.	TE CAUSE (a)	RAS A CONSEQUE	rato Celi	ry Failur Carcinom	e a p 1	-uns	BETWEEN	imate interval Onset and Deal	IH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	structi	ve Luna	Di	NOT RELATED TO THE TERM SEL SE N WAS PERFORMED	200 AUTOPSY?	20b IF YES,	WERF FINDING CAUSES		
	MEDICAL CER	210 ACCIDENT WAS UNDERTYING ON CONTRIBUTING CAUSE OF DE RECEIVER NO BY MEDICAL EXAMINE 216 IN JURY OCCURRED	ATH HOUR A P. P. 21e PLACE	M. MONTH DA M OF INJURY	19	21c HOW INJURY OCCURI	RED ENTERNALITE OF INT		NIA WIA	HAR	
	¥	220 1 certify that II this hope sow the deceased alive or	tel attended th	1/18 198	22 /	19 87 apinion	7 10	0 118 15	87	that (1 em)	lost
		22b SIGNATURE	9	6ffer death.			MEDICAL STA	AFF ICIAN []	22c DATE	SIGNED 26/8;	7
		Louis V.	Kaurma			8926 Woods		Clinto	on Mo	d 2073	36
	23a B	SURIAL, CREMATION, REMOVAL	236 DATE	1007 23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7 3	COURT > 30	5 c c l s s	

DHMH 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT If Hem 2

Burlar

Cedar Hill Cemetery

Suitland

Maryland

Robert E Wilhelm Funeral Home 4308 Suitland Rd Suitland Md 24 FUNFRAL DIRECTOROBERT

DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Series Ship Merce

\*

# STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

¥	1	RECUITRAR				CERTIF	CATE UF	DEATH		REG. N	0			
		CEASED NAME	FIR51		MIDDLE	l.	AST		20 DATE OF			DAY YEA	2	b HOUR
	(TYPE	OR PRINT)	Georg	e Fra	anklin	McKa	, Jr.				10 2	27 87		2:36AM <sub>M</sub>
	3 SEX	<		4 RACE		5 DATE O			6 AGE (INY	EARS LAST BIR	THDAY	IF UNDER 1 Y		FUNDER 24 HRS
	1	Male		White		2	10	1914	73		YRS	MONTHS DA	¥15 F	400RS MIN
1		RTHPLACE INTATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	₩ NEVER	MARRIED -		_	_	Y OF DEATH		
7		aryland		U.S.A	Α.	WIDOWE		IVORCED	Prince	e Geo	rge			MD
1	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL			126 KIN		BUSINESS OR
100	Lan	nham		_	Hospital				Super:					eries
1	USUA 130 S	AL RESIDENCE (IF NUR	SING HOME OR		GIVE RESIDENCE BEFOR		13d INSIDE (	ITY HAAITS?	13e STREET				207	
2	Ma	aryland	Anne	Arundel			YESX	NO 🗌				Ct.Lo	t :	71
1	III FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE			LAST	
-(	/	George		F.	McKay, S	r.		Mary	Bla	anche		Clen		ts
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMA	ANT		ADDRE	SS			
1	-	No	(IF YES GIV	E WAR ON DATES!	212- 18-	3848	Marga	aret L.	McKay	as	in it	em 13		
		18 CAUSE OF DEA	TH Enter on	ly one couse per	line (6) (0), (b), gn	dic	112					267 mg	CAMA Phi CNI	TE PITEFYAL
		PART I DEATH V		E CAUSE (0)	gonio	my	uch	-				1		
				DUE TO: O	R A CONSEQUE	ANCEOL.	11	41/11/		*				
		Conditions, if any	, which	( 00	XIMI	CROT	V4 41	nunci		-				
		gave rise to im		DUFTO-O	R AS A CONSEQUE	Aroush	0 1/4		AMA					
		underlying cous	e lost	167_6	MUTTO	1001	~M	MAC	MA	_	7			
	_	PART 2 OTHER STO	NEKANTO	CONDITIONS CO	ONTHIBUTING TO	DEATH BUT	NOT RELATED	NAME OF COLUMN	INAL DISEAS	EDREDN	DITION G	NEN IN FAR	Fin	
	ō	inch	MAL	ma				0			,			
7	CAI	IN DATE OF OPERA	1100	1% COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20s AUTO	DP5Y2		ES, WERE FIN IFYING CAU		
61	TIF								Y65.	NOU	4	#5 ()		NO []
	B	OR CONTRIBUTING []		All the second s	M MONTH D	AY YEAR	Th. HOW #	HILIRY OCCUR	RED (patterns	TURE OF THE S	PT 04 17519 78	nier coeries	77	
	CAL	(W BUTHER, NIGHT WILL			M.	19								
	MEDICAL CERTIFICATION	314 INJURY OCCUR		The PLACE	OF INJURY	ANN ETCO	THE LOCATE			ERCORTO	West .	(Date)		1649
	2	775 U 175		MWS.AC.		110	Ći.	6		212	1	0		7
		27s.1 certify that 1	1	tol) amusched th	e deceased from	on V	1-	19		10 2		10 1	thi	of (wellist
		apase hitsecol	did) Aid no	view the hady	after deoth	11 00	d that in (m)	(our) opinion i	death accurre	of an the or	ore and he	no and from	the co	uses stated
		17h SACHVANARE	1	11/10		[	DEGREE		1			22c D.	TE SI	GNED (
		ANT	100	MW	w	)		ATTENDING PHYSICIAN	MEDICAL	PHYSIC		10	1	
		22d PHYSICIAN'S N					22e ADDRES		+ D.3	C-77	225 T	Do min N	(4	
		Lewis H	. Den	nis, M.I	υ•	- (	201 G1	reenbel	t Kd.,	COIL	ege F	ark, I	IQ.	
	230 B	URIAL, CREMATION	REMOVAL	236 DATE	23(	NAME OF C	METERY OR	CREMATORY	23d LOCA	ATION		YINUG		MAIE
	1	Buri	al	10-29-	-87 Wa	chinat	on Nat	-11 Cor		11+121	nd	D C		Md

DHMH = 16 60M 7/84

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. 8 0 2 OCT -7-87 ATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

herine	MDDLE	LAST		REG NO	MONTH DA	LY YEAR	26 HOUR
herine	Α .						
	A .	McKee			10 - 1	. 87	8.56 P
4 RACE		TE OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY) II	FINDER YEAR	IF INDER 24 HR
White	4	16	1933	54	YRS	JN AT	MC KS MIN.
EIGN 76 CITIZEN OF V	WHAT COUNTRY? 8	DDIED TO NEVERA	AARRIED []	BALTIMORE CITY O	COUNTY	OF DEATH	
.C. U.S.A				PRINCE (	160R	455	MD
		1 11	. /	LITYPE OF WORK FOR MOST O	WORKING LIFE	126 KIND O INDUSTRY Hom	F BUSINESS OR
b COUNTY	13¢ CITY OR TOWN	134 INSIDE C	ITY LIMITS?			20745	
		15 MOTHER'S		1E	W III		
WIDDLE		1		WIDDLE			
U.S. ARMED FORCES?				ADDRE		- 2111,000	
IF TEN GIVE WAR OR DATES)	577-42-5406	Laure	nce A.	McKee as i	n item	13	
	line for la 1b, and ic					BETWEEN C	MATE INTERVAL ONSET AND DEATH
MEDIATE CAUSE (a)	Cardiac.	Arre	5+			117	062
DUE TO, OR	AS A CONSEQUENCE C	)F				10	0
which ( 1b)	tellrusel	e Lutic (	ardio	Vasculiv	Dise.	110	1echs
the DUE TO, OR	1	Vasc	nlev	Disca	/	5	10915
ICANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CONE	ITION GIVE	N IN PART 1 c	3
L645 /	1500M	TION INVESTIGATION	21150		Inni is ves		
		. L	KWED	1.4	IN CERTIFY	ING CAUSES	OF DEATH?
,		121r HOW IN	ILIRY OCCURR		1		NO []
JSE OF DEATH HOUR A.A	MONTH DAY YE	AR	JOHN OCCORRI	LO I EINIER ANTINE NA WITON	THE PERSON OF PARK	JR PARI	
			N				
(AT HOME STRE	ET FACTORY OFFICE FARM ETC	STREET		11Y OR 10V	VN	OUNTY	TATE
nis hospitali attended the	deceased from 9/	25	19.87	to 10 / /	19	53	that    (we) last
olive on 10 //	19 87	and that in (my)	(our) opinion d	eath accurred on the do	te and hour d	and from the	causes stated
did not view the body o	offer death	DEGREE					
Mul IW.	) j	110 1	TTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	101	12/8=
E (119% OR PROHI)		22e ADDRES	S				
M. Adelson,	M.D.	7801 (	Old Brai	nch Ave., C	linton	, Mary	land
MOVAL 23b DATE	230 NAME C	OF CEMETERY OR	REMATORY	23d LOCATION		T. MINIT	2.1 A 1 6
			0				Md/
10-5-	87   Resu	rrection		REC D BY REGISTRAR		P.G.	
	C. U.S.  III. NAME OF HE (IF NOT IN SUCE SHOOKE OR OTHER INSTITUTION BY COUNTY  PT. George  MIDDLE  U.S. ARMED FORCES? IF YES GIVE WAR OR DATES)  Enter only one cause per CAUSED BY  MEDIATE CAUSE (a)  DUE TO, OR  CHICAL (C)  ICANT CONDITIONS CO  CYING   21b TIME OF THE CAUSE OF DEATH  EXAMINER)   P.A.  DISSE OF DEATH  EXAMINER)   P.A.  ON 170 CONDITIONS CO  LYING   21b TIME OF THE COUNTY OF THE CAUSE OF DEATH  EXAMINER)   P.A.  ON 170 CONDITIONS CO  LYING   21b TIME OF THE CAUSE OF DEATH  ON 170 CONDITIONS CO  LYING   21b TIME OF THE CAUSE OF DEATH  ON 170 CONDITIONS CO  LYING   21b TIME OF THE CAUSE OF DEATH  ON 170 CONDITIONS CO  LYING   21b TIME OF THE CAUSE OF DEATH  ON 170 CONDITIONS CO  LYING   21b TIME OF THE CAUSE O	C. U.S.A. WIDE  C. U.S.A. WIDE  11. NAME OF HOSPITAL, NURSING HOP  (IF NOT IN SUCH FACILITY GIVE STREET ADMISSIBLE TABLETY OR TOWN  Pr. George Oxon Hill  MIDDLE LAST  NutWell  U.S. ARMED FORCES? 16b SOCIAL SECURITY N  FYES GIVE WAR OR DATES)  DUE TO, OR AS A CONSEQUENCE OF CAUSED BY  (MALLE SC CONTRIBUTING TO DEATH  DUE TO, OR AS A CONSEQUENCE OF CAUSED BY  (IF YES STORE STREET FACTORY OFFICE FARM, ETC.)  INTO CONDITIONS CONTRIBUTING TO DEATH  LAST  NUTWELL SC CONTRIBUTING TO DEATH  AND TO CONTRIBUTING TO DEATH  TO CONDITION FOR WHICH OPERA  TO CONTRIBUTING TO DEATH  DISTONATION OF THE FARM, ETC.  1216 PLACE OF INJURY  (1AT HOME STREET FACTORY OFFICE FARM, ETC.)  M. Adelson, M.D.  M. Adelson, M.D.	MARRIED NEVER A  C. U.S.A. WIDOWED DI  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  DUTTHERN MARY AND JOS A  SHOPE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DOMISSION)  BY GEORGE OXON HITT  U.S. ARMED FORCES?  If NOT INSTITUTION GIVE RESIDENCE BEFORE DOMISSION)  MIDDLE  LAST  NUTWELL  U.S. ARMED FORCES?  If NOT HERE SOCIAL SECURITY NO  17 INFORMA  18 YES GIVE WAR OR DATES)  TO DUE TO, OR AS A CONSEQUENCE OF  CAUSED BY  MEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  CHICK  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  A DISTORMAN MONTH DAY YEAR  P.M.  19  21b TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  19  21c PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  19  21c PLACE OF INJURY  11d HOME SIREET FACTORY OFFICE FARM ETC.  A DISTORMAN MONTH DEGREE  M. Adelson, M.D.  TEGREE  M. Adelson, M.D.  7801	A CITIZEN OF WHAT COUNTRY?  **MARRIED***  **NARRIED***  **NARRIED**  **NARRIED***  **N	BION 16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NOVER MARRIED 17 NOVER MARRIED 17 NOVER MARRIED 18 NOVER MARRIED 18 NOVER MARRIED 19 NOVER MARRIED 18 NOVER MARRIED 18 NOVER MARRIED 18 NOVER MARRIED 19 NOVER MARRIED 19 NOVER MARRIED 19 NOVER MARRIED 19 NOVER MIDDLE 18 NOVER MARRIED 19 NOVER MIDDLE 18 NOVEMBER MARRIED 19 NOVEMBER 19 NO	The citizen of what country?  **MARRIED**  **MARRIED**  **NEVER MARRIED**  **NEVER MARRIE	BATTIMORE CITY OR COUNTY OF DEATH  O. U.S.A.    AMARIED   NEVER MARRIED   PRAITIMORE CITY OR COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   C. U.S.A.   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   MIDOWED   DMORCED   PROVIDED IN COUNTY OF DEATH   DISPASSION OF THE WAS ORDER TO MAKE IN COUNTY OF DEATH   DISPASSION OF THE WAS ORDER TO MAKE IN COUNTY OF DEATH   DISPASSION OF THE WAS ORDER TO MAKE IN COUNTY OF DEATH   DISPASSION OF THE WAS ORDER TO MAKE IN COUNTY OF DEATH   DISPASSION OF THE WAS ORDER TO MAKE IN COUNTY OF DEATH   DISPASSION OF THE WAS ORDER TO MAKE IN COUNTY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN COUNTY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN CERTIFIYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN CERTIFIYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN CERTIFIYING CAUSES YES   NOT COUNTY OF THE MAKE IN COUNTY OF THE MAKE

DHMH 16 60M 7 84 (VRA 15 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the haspital at attending physician

STATE OF MARYLAND 0679710 oct DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS MONTHS Caucasian May 11, 1908 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OWNEW York United States Prince George's County. WIDOWED [X] DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give speeddess onybrook Dr. Bowie 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland BALTIMORE, MARYLAND Prince George's Bowie 2908 Stonybrook Drive/20715 14. FATHER'S NAMI Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Louise Henry McKenna. Toscano 16b. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) Catherine L. Stascavage. Same as 051-03-0117 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY. PRESTON STREET. PARDIO RESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ZMONTHS Conditions, if ony, which gave ) ENTRICUCAR TACHYCARDIA rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. ONGESTIVE HEART FALLURE. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CARCINOMA OF PROSTATE DIVISION OF VITAL RECORDS. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED permi 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X 21a. ACCIDENT WAS UNDERLYING -21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natity medical examiner P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive an 10/3 1987, and that in (my) (ear) opinion death accurred an the date and hour and from the ATTENDING causes stated abave, (1) (and) (did not) view the bady after death. 22b SIGNATUR DIRECTOR: detached f 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22e. ADDRESS NAME (Type) KOBERTO A. Depetris 14300 GALLANT FOX LA #122 BUNIE MOLZOTI O FUNERAL shauld of Healt 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE Alexandria, Fairfax, Virginia Oct.6,1987 Metropolitan Crematory 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 16000 Anna Wilis Rd. DHMH-16 1/71 30M Beall Funeral Home Bowie, Maryland 20817 a pla war no fondace (VR A15 (4))

1007 170 ILUM - White the religion of the article of the season of A TOO West recording to the second of the second se of the second of th to the secretary when the many and the second the secon Cadaration - could be to the country of the country THE PARTY OF THE P

069335 OCT 22187 TATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG NO

			ERPRINT	E	FIR		AA (T ) E			AHT		20 DATE KNO	DWN X MWC	N A A	26 HC R
	ES. RS.			A	mes		Elois	se	M	cKenzie		DEATH MA	ATED [	10/19 19 8	7 ~
	<b>ラ</b> ら言う語	3 SEX		4 RACE		DATE OF BIR		6 AGE IN YE			NDER 24 HRS	2c DATE	MO	NIH AY EA	12 HS 118
	DUR DUR 72 + 22 + 32 + 32 + 32 + 33 S	F	emale	Whi		p. 21		1	RS MONI	HS DAY HOU	IRS MIN	PRONOUNCE DEAD		10/19 19 8	7 9:40
	SSAL SAL HIN HIN	70 BI	RTHPLACE IS				WHAT COUN		8	ED NEVERA	AADDIED [	9 BALTIMOR	E CITY OR CO	OUNTY OF DEATH	
	STORY OF THE PERSON OF THE PER		eorgia			USA			WIDOW		VORCED	Princ	e Geor	ge's Coun	ty MD
/	ZE SES		TY OR TOWN	OF DEATH	11.	NAME OF H	HOSPITAL, NU			IER INSTITUTION	12a US	UAL OCCUPAT	ON TYPE OF W	ORK 126 KIND OF	BUSINESS
1/	A PAHA		Bowie				2 Str at		200		Be	auticia	n	Retail	
V_	ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3 TO THE FUNERAL DIRECTOR PAR S. RETAIN PAGE 5. FOR YOUR FILES. WITAL RECOLDS, 20 NO PRESTON STREET,		LRESIDENCE				GIVE RESIDENCE	BEFORE ADMINE		1			-2.2	110 0011	-
2120	A SOCIAL STANS	13e S1		1	COUNTY	inames.		ORTOWN Bowie		YES X NO		412 Str	otton	Tana 20	715
D. 2	3. SH		ryland		Ince c	eorge	8 1	DOMTE		15 MOTHER'S A			eccon .	Dane 20	111)
Σ.	GES 1, WAR PAN	W	illiam		Corr	DD E	Smi	TAST		Mati		Lee		Owens	
OR	A S S S S		AS DECEASE	D EVER IN U		U		IAL SECURIT	Y NO.	17 INFORMANT					
BALTIMORE	24 HOURS AFTER DEATH, ITEM 18. GIVE PAGES 1, ALONG WITH FORM PM. FERMIT PAGES 1 AND GENE, DIVISION OF WID DVAL.	(YE	NO OR UNKNO	(IF)	ES. GIVE WAR			-26-946		Mary E.	Canni	50n Co	Ol Raw lumbia	Hide Rid	ge
	SS A GIN			E DEATH :						11202 9 11	• (4111	.50.1 00	Tulinta		ATE INTERVAL
PRESTON ST.,	MIN MIN		PARTIDE	ATH WAS	ALISED BY		line for (o), (b)			7 *					SET AND DEA H
O	SIEN VAL			1M.	MEDIATE CA		OR AS A CON			disease.					
REST	A LAST A NO		Conditio	ns, if any,	which	DUE 10,	OR AS A COI	SECOUENCE	Or						
, P.	NOTE NOTE IN THE INTERIOR INTERIOR INTERIOR IN THE INTERIOR IN THE INTERIOR		gove ri	se to imm	nediote	b _	00.16.1.601								
201 W	A SAN CAN CAN CAN CAN CAN CAN CAN CAN CAN C		lying cau		under	DUE TO,	OR AS A CON	SECUENCE	10						
	NO WIND W		SART A DYNER C	Children Co.	INITIANIC COURS	(c)									
RECORDS	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM IN FENDING" EXAMINER ALONG FED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE IL, CREMATION, OR REMOVAL.	z	PARI Z GINER SI	GNIFICANI CON	INITIALS CONTR	KIRGLING TO DE	ATH BUT NOT KELY	LED TO THE TERM	IINAL DISEAS	E OR CONDITION GIVE	N IN PART 1 o				
EC	MEIN MEIN MEIN MEIN MEIN MEIN MEIN MEIN	CERTIFICATION	Non		N	Tink CON	IDITION FOR	MUICU OBER	ATIONIVA	'AS PERFORMED'	2			Tan	
	THIS CERTIFICATE SHOULD: WARDED TO THE CHIEF A WARDED TO THE CHIEF A PAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL,	FICA	THE DATE OF	OFERATIO		170 CON	NDITION FOR	WAICH OFER	ATION	A3 PERFORMED				20 AUTOPS	
DIVISION OF VITAL	NOR SELECTION OF S	RTI	Non 21a EXTERNA	CALISEV	/ A S	21b TIAAE	OF INJURY		[11. tz	DW MILLIPY OCC	UDDED			YES L	NO X
Ö	A HE SHEET A HE	LCE	UNDERLYING	OR		HOUR	A.M. MONTH	DAY YEAR	S TIC HO	OW INJURY OCC	URKED (ENTER	NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
O	ITER ION HOUSE	ICA	CONTRIBUTI	NG[]CAU	SE OF DEAT		P.M.	19		ne					
N N	OER DEP	MEDICAL	218 INJURY C	NOT WH	ILE 🗀		CE OF INJURY			CATION		CITY OR TOWN		COUNTY	STATE
Ω	E, WRIT RWARDI PAGE; PAGE; STATE		AT WORK	AT WORK											
	ATE, TATE, ORW, ORW, P.		22a Lcerti	fy that I too	k charge of	the remains	described aba	ve, held an	Autop	sy . Insp	pection X.	Inquity	and in n	ny opinion	
	L EXAMINER: E CERTIFICATE, DULD BE FORV. L DIRECTOR: F H, WITH THE S MARYLAND,		deoth result	ed from	NaturaRo	ouses X	Acadent	E Su	weede	, Homicide	Unde	termined monne			
	CERTIFICATION OF THE CONTRACT			/	//	7	111			TITLE (SPECII	FY)				
	W. HELD		ACTUAL SIGNATURE,		-	1.	//	- FE	- M	D. Deput	t <b>v</b> MFI	DICAL EXAMINE	R S	ATE IGNED 10/2	20/87
	SEA SEA	1					8	1		19:	19 Semi	nary Ro	ad		
	A SHEET SHEET		EXAMINER'S TYPE OR PRE	NAME VT)	Joh	n S.	Rogers	M.D.						ery Count	y, MD
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTMORE, M	23a Bt	JRIAL CREMA		0V-11-216 D	ATE	23c N			R CREMATORY	[23d L	OCATION		COUNTY	
7 84	BP	B	urial	1	/ DC	T 22,	1987 Ft	. Line	lon	Cemetery	Br	entwood	. Pr. (		MD
25M	DHMH 17		INERAL DIREC	TOR NA	1/2 Ent		000 Ann					Y REGISTRAR	Sh REGISTRA	R'S SIGNATURE	
	VR A15 ME (5))	Be	all Fur	neral	Homm		wie, MI				OCT 2	1 1987		widen Pend	
							-		-			11111		SALES BY FORd	SLA.

TO REUSE				
78 2702		1922 69	thing son. II.	Tomnle
rime= locareta County				
		enal motteric	SIMSI	
U. W. Wind and and areas		a tarost	Trince George	bee Ly-coll
				wine I
	DESCRIPTION OF THE PERSON	18 19-03-100		
	oned X			
ACCOUNTY AND ACCOUNTY AND ACCOUNTY.	A			

20 8 TATE REGISTRAR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO

ı	(TYPE OR PRINT)	AME FIRST		MIDDLE	Ĺ	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
I	CALL CHARMAN	Me1v	in Hill	McLEAN	SR.			October 10, 198	7	6:45a M
Ì	3 SEX		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY	IF NOTER YEAR	R FUNDERZIER
ı	Male		White		Nov		1910	76 YRS	STORE STATE	HC RS MIN
ı		1 TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVERN	ADDICO	BALTIMORE CITY OR COUNT	Y OF DEATH	
	Distri	ct or	U.S.	Α.	WIDOWE		ORCED	Prince George's	Co.	MD
į	10 CITY OR TO	VN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INST		120 USUAL OCCUPATION	12h KIND	OF BUSINESS OR
1	Lanham		AMI Doc	tors Ho	SD. O	r Pr. G	eo. Co.	Construction Co	Own	Business
i	USUAL RESIDEN	ICE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d INSIDE CI		Executive  136 STREET ADDRESS / ZIP COL		
I	Marylan		eo's	Upper		YES X	NO [	9210 Columbine		0772
1	14 FATHER'S NA		MIDDLE	Martboro			MAIDEN NAM	AE .		
1	Wa	lter		McLean		A	lice	MIDDLE	Mayl	hew
1	16a WAS DECE	ASED EVER IN U.S. AF		166 SOCIAL SECU	IRITY NO	17 INFORMAL	TV (	9210 Columbine I	ane	
ı	(YES NORU	(IF YES GI	VE WAR OR DATES)			Jean M	cLean-	9210 Columbine I Jpper Marlboro,	Md. 20	112
Ì	III CAUS	E OF DEATH (Enter o	nly one coose per	line for (a), (b) an	diez.	2.00	-1-		APPRO METWEEN	SEMANT PITTER AL
ı	PART	DEATH WAS CAUSE	ED BY. TE CAUSE in L	cnu	in	ant.	w.			
ı		1,000,000,000	BUE TO O	e as Acquisema	none.	1 1	. h. d	10.1-1		
ı	Conditio	ns. if any, which	1 60	(MAV	MIL	our	vy a	Nov -		
1		se to immediate to storing the	DUE TO O	RAMA ERISTON	NEEDE	VOIA	104			
ı	vindesly	ng couse host	1	anne	100	Della	1	. 1		
ı		THE FIGHT	CONDITION S	ADMINISTRACE OF	DEATH BUT	OT RELATED	10 DE TRM	My yes ASE OF CONTINONS	N 1102	ior.
	The DATE	ALUES	vivue	IN W	my	will	MU	my car	vie	
	J IN DATE	OF OPERATION	186 COND	ITION FOR WHICH	PERANO	N WAS ERFOR	EMED	30s. AUTOPSYT 20s. IF YOU LERT	ES, WERE FIND IFYING CAUSE	INGS USED S OF DEATH?
				9			V	YES NOD	#5 []	NO 🗆
	The street of the state of the	BUTTING COLORES COLOR	made and the second second second second	M MONTH D	AY YEAR	THE HOW IN	IURY OCCURR	ED CANDONALIM OF PODER IN THE IS	Post CORPORTED	
1	No.	NOTEY WEDICK STAMPE		M.	19					
ı	an I	RY OCCURRED		OF INJURY MET FACTORY OFFICE IS	ARM. ETC.)	TH LOCATIO	н	(ris or town	COLINIT	state
ı	NACE AND A	I remain []	100/4-1100			h	Dr	12/12	6	
ı		ify the (1) this hosp	ital) attended (1)	e deceased from_	50	1	10 01	10 00	10	that Over hint
ı	nbox	The did on a	The book	after death.			low) opinion d	inath occurred on the state and he	nic and from the	e courses stated
ı	215.51GN	Trust C	5 111	~		DEGREE	TENDING	weeker care	221 DAT	ESIGNED
		they	W VU	NW	7			MEDICAL STAFF DIRECTOR   PHYSICIAN	io	12 11
1	334 6833	KIMN'S NAME TITLE	DEFFERIT			831 L	niversi	ity Blvd., E.		
		Lewis H. I	ennis,	M.D.		Silve	er Sprin	ng, Maryland		
1	23a BURIAL, CR	EMATION, REMOVAL				EMETERY OR C	REMATORY	23d LOCATION	ODDAY \	NA 1 LIAIE
1		urial	10/13	/8/ Wa	shing	ton Nat	11		-	
	24 FUNERALD	d A. Colen I Home	nan - II	pper Marl	boro.	Md. 2077	2 ISE DATE	REC D IN REGISTRATION BEGI	Roberthon	POL-
	Funera	I Home	icili 0	PPCI HAPI	.coro,		-401	1901.0		*

DHMH 16 60M 7/84 (VRA 15, 4)

IMPORTANT If Item 21 is marked or

10 02 103 7 32 8 3 1 EXEMPANA PONTO 188 # - 100

06907

STATE OF MARYLAND

0009

0.7.7 001.00	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF	ATE OF MARYLAND HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE , REG NO	0 3 4 4
0 / / 061 20		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3		RUSSEL	L ELWIN	MC	MILLAN	10	06 87 10:30A M
The po	3 SE		4 RACE	5 DATI	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF INDER YEAR OF INDER 4 HE
recto urs a	1	MALE	WHITE	06	29 26	61	
A pa		RTHPLACE ATE ON FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARE	RIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
dep	10. C	TY OR TOWN OF DEATH	USA		WED DIVORCED E	PRINCE GEORG	126 KIND OF BUSINESS OR
The first of the state of the s		CHEVERLY	PRINCE GEORG	GE'S HOS	SPITAL CENTER	(TYPE OF WORK FOR MOST OF WORK Maintenance	INGLIFE) INDUSTRY GOV T
24 hav	130 5	AL RESIDENCE (IF NURSING HOME OR ITATE 136, COUNTAINE MD Calve	NTY 13c CITY O		YES NOX	3541 Patuxent	
1 X X 1//	14. F.A	THER'S NAME FIRST	MIOOLE LA	AST	15 MOTHER'S MAIDEN N	AME	LAST
ted / S	-	Dinks	McMilla		Minnie	Ada	Nester
n ond c		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV VES UT	E WAR OR DATES)	11 SECURITY NO 26-8177	Guy E. McMi	ADDRESS	
ap - E		18 CAUSE OF DEATH Enter on PART I DEATH WAS CAUSE	ily ane cause per line far ja	ib and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
4 251		IMMEDIA	3 who				
offer of the state		Canditians, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF	2-3		mary
		cause of stating the underlying cause last	mary yes				
444	NOI					MINAL DISEASE OR CONDITIO	
4 1117	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERAT	ION WAS PERFORMED	YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \bigcup  \text{NO}   \text{}
311119	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEA	AR .	RRED (ENTER NATURE OF INJURY IN IT	M 18 PART   ORPART /
A THE PERSON NAMED IN COLUMN N	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM ETG	211 LOCATION	PITY OR TOWN	OUNIY 1A1E
TENDIN and a TOR An tendent of Health		22a I certify that (I) (this hosps	attended the deceased		and that (n (my) love) opinion	tata	that I (we) last d have and from the causes stated
ALOR ALORES		226 SIGNATURE	A Dui	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [	221 DATE SIGNED
O FONE THE THE STATE OF THE STA		224 PHYSICIAN'S NAME (TYPE O	RPRINT).		22e ADDRESS	over Pleury Gr	
日本 七十五年	230 E	BURIAL, CREMATION, REMOVAL			F CEMETERY OR CREMATORY	23d LOCATION	TATE TATE
BP	1	cremation	10-10-87	Cedar		Suitland	PG MD
DHMH 16 60M 7/84 (VRA 15, 4)	74 FI	INERAL DIR REUSCH FI	H Owings, MD	DRES 20736	75a D	OCT 19 1987	ina Javidon Pondage

STATE OF MARYLAND 0-68724 OCT 15 87- STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	CEASED NAME FIRST		3 IDDIN		AST	20 DATE OF DEATH			b HOUR
3 SE)	Rober	t By	ron	V	OUIN DE BIRTH	October 6.			FINDER JHP
Ma		White				100	1 WON	NIHS DATE P	HO-JR M-N
	RTHPLACE IN ATE OR FOREIGN		WHAT COUNTRY?	8	24, 1007	9 BALTIMORE CITY C	YRS V	EDEATH	
. (	COUNTRY)	U.S.A.	WITAT COUNTRY:		D NEVER MARRIED	Prince Ge			,
	ITY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPAT			BUSINESS OR
La	nham	Doctor	HEACILITY, GIVE STREET A	(DDRESS)		Cabinet M		Navy	
13a S	AL RESIDENCE (IF NURSING HOMESTATE 136 CO	G.	Hyattsvi	N.	13d INSIDE CITY LIMITS? YES NO	13.51REET ADDRESS 42nd	Avenu	ie, #312	2 20781
14 FA	ATHER'S NAME	ALIDDUS.	LAST		15 MOTHER'S MAIDEN NA				
	Byron	Marcella	s McQu	in	Kätherin	ie Miodle		Jense	en
	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES?	217-05-7		Betty M. Pa	या। adgett (Dau			iry, Md
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause per USED BY	line for (a), (b), and	die 7	/	1		APPROXIMA BETWEEN ON!	ATE INTERZAL ISET AND DEATH
		DIATE CAUSE (a)	Kezpar	4601	19 /35	lun		10	10
		DUE TO, O	R AS A CONSEQUE	NCE OF	0			-1	,
	Conditions, if any, which		PI	16:16	noinia			als	290
	cause a, stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF J	17	. 1			1200 16
	underlying cause lost	(c) /	nultip	u	olutilio	Musc	ist in	1011	
7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING OF	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	VIN PART 1 a	2.
10	arternos	(lesofi)	Heart	dis		store fre	1 po.	Chen	
CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIT		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	110110 1	FINJURY M. MONTH DA	Y YEAR	216 HOW INJURY OCCURE	RED LENTER NA LIRE OF INJU	RY IN ITEM 18 PART	OR PART	
CAL	(IF EITHER NOTIFY MEDICAL EXAM	DEATH		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	A DAA FIC 1	211 LOCATION	LITY OR TO	)WN	MINTY	MIATE
2	A WORK AT WORK			,				-4	
	22a I certify that (h (this h	aspital) attended th	e deceased from _	)	45 19.33	10. OCT	19	B/ the	at I (we) last
	saw the deceased alive	d not) view the body	atter death	7 0	nd that in (my) (aur) opinion	death accurred on the d	ate and hour a	ind from the co	uses stated
	226 SIGNATURE	and the me day	1	/	DEGREE	7		224 DATE SIG	GNED
	1	.00 7	P	101	ATTENDING PHYSICIAN	MEDICAL STA			
	226 PHYSICIAN'S NAME IT	YPE ON PLINT			772e ADDRESS			1	
	Tung-Pi	Lee M.D.			7411 Riggs F	Rd., Hyatts	ville,	Md. 207	783
	BURIAL, CREMATION, REMO		23 <sub>t</sub> N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Crematio	n 10/10	/87 Me	tropo	litan Cremator	Alexand		LINEY	/irginia
<sup>2</sup> F	Pancis Gasch's 739 Baltimore	Sons Fu	neral Ho	me, F	250 DAT	E REC D BY REGISTED	REGISTRA		7 Ir girlla

DHMH 16 60M 7 (VRA 15, 4)

MPORTANT: If Hem 21 is marked ar Item 18 shaws any TO FUNERAL DIRECTOR, After this certificate has should be detached for use as the burial-transit periods the State Dept of Health and Mental Hygiene p

00T 14 NST (CC. Cite-Prince

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENER	1	3	0	Ü	7	0
CERTIFICATE OF DEATH		REG. N	10				1
LASI	20 DATE	OF DEATH	MONTH	DAY	YEAR	2b H	OUR

0 9 OCT 2	1 B	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND I	MENTAL HYG	REG.	3 NO	0 0	70
100		CEASED NAME	FIRST		MIDDLE		AS1		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
poge 3		. On Philippi	Isabe	2	0.	Mia	kysita		Octo	ber 19,	1987	7:00;
	3 SE	X	-	RACE		5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER YEAR	# NOFR 1797
5 5		干		Cau		MONT	Q	Z9	58	YRS	ONIII. DAT	HO IN MIN
or onde.		RTHPLACE HIATE OR COUNTRY) Peru	FOREIGN 7	e citizen of Peru	WHAT COUNTRY	MARRIE WIDOWE	D NEVER A		Prince	OR COUNTY George	OF DEATH	M
172		ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURS	NG HOME (	R OTHER INST	ITUTION	120 USUAL OCCUPA		126 KIND C	F BUSINESS OR
		yattsville			15 th A				Unemploy		Non	е
3	130 5	at residence in Nurstate  aryland	13b COUNT P.G.	TY	136. CITY OR TO	WN	134 INSIDE CI	NO [	13e STREET ADDRES 8120 - 1		Ave.	0783
4		ulio	M	HDDLE	Miakysita	a.		MAIDEN NA/			Osori	
medical	160 \	VAS DECEASED EVER YES NO OR UNKNOWN) NO			166 SOCIAL SEC 577-66-8	URITY NO	17 INFORMA	NT	ila M. Por	t <u>ill</u> -	Same a	s #13
injury, ar other traumatic	NOI	Conditions, if ony gove rise to im- cause (a), statin underlying cause PART 2 OTHER SIGN	mediate ng the last	(b)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENGE OF	rdatio	n Au	NE MICA IINAL DISEASE OR CO	ndition give	N IN PART 1	0
hows any	CERTIFICATION	19a DATE OF OPERA			PITION FOR WHIC	H OPERATIO			20€ AUTOPSY? YES □ NO	IN CERTIFY YES		OF DEATH?
Hers 18 sh		210 ACCIDENT WAS UNI	CAUSE OF DEAT	71	of injury .m month ( .m.	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITIM 18 PA	RT PART,	
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY REET FACTORY OFFICE	FARM ETC )	21f LOCATIO	N	CITY OR	TOWN	DUNIY	1A1E
them 21 is ma		220 I certify that (f)	ed alive an_	Sept	7 19		DEGREE		death occurred on the	date and have		
E Z		22d PHYSICIAN'S N	web	1/2			22e ADDRESS		MEDICAL ST DIRECTOR PHY	AFF SICIAN []	101	19187
MPORTAN				o, M. I	).				l Ave.,			
3 4		BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	Oct. 2			ek Cem		23d LOCATION CITY OF TOWN Wash:	ington,	D. C.	PLATE
AH = 16 60M 7/84 (VRA 15, 4)		Burial	78 Tal	DeVo	21,87 Rool Funers	1 Home			Wash:	R 256 REGISTE	D.C.	URE

The part of the pa File and a statem - Lucale M. Martill - East as 113 List diamenanti marial Cet. 1.07 Rock dried Cet. .5.4 . mandala I o'cl Funeral Hore

OCT 14

lely filled in by the funeral director, page 3 2 should be filed within 72 hours ofter death

STATE	OF MA	RYLAND
-------	-------	--------

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

3

9	71 - STATE		DEPA		ALTH AND MENTAL HYG	GIEN <b>U</b> P	3 0	7	1
١	REGISTR	DUMI	E E. MIKO	CERTIFI	CATE OF DEATH	REG. NO	YAQ HINOM	YEAR 2h	HOUR
1	I DECEASED N	-	MIDDLE	11.	1.	2ª DATE OF DEATH	7H	TEAR 76	HOUR O
1	54	Z CRNIE	<b>Z</b> .	/ 1//	50	6 AGE (IN YEARS CAST BIR	7	ER I YEAR IF	A M UNDER 24 HRS
1	3. SEX		RACE	5 DATE OF	0.4	AGE (IN YEARS ASI BIR	MONTH.		URS MIN.
	7- RIDTHDI ACE	ALE OF FOREIGN 7b.	WHITE CITIZEN OF WHAT COUNTI	10	26 15	9 BALTIMORE CITY O	YRS P COUNTY OF D	EATH	
3	1275	(STATE ON FOREIGN	1150	MARRIED	□ NEVER MARRIED □	Post	K COUNTY OF A	(A)	00
	In CITY OR TO	WN OF DEATH	. NAME OF HOSPITAL, NUR	WIDOWED	4341	12a USUAL OCCUPATI	ON 121	KIND OF BU	MD.
1	Clin	ton 1	HE NOT IN SUCH FACILITY, GIVE STI		Center	HOLE SA	WORKING LIFE IN	DUSTRY	
4	USUAL RESIDE	NCE (IF NURSING HOME OF OT		FORE ADMISSIONS	CCITEX		11/3/ 15	TEWART	
1	M Q	1 P. E	Upper	Marlbon	YES NO X	7222	FOURE	Tui	W
1	14 FATHER'S N		DLE DE LASY	,	IS MOTHER'S MAIDEN NA	ME		LAST	
1		44 -	- DRIL		CORA			BRILI	
	TYES NO OR	NKNOWN) (IF YES GIVE W	D FORCES? 16b SOCIAL SI	CURITY NO.	17 INFORMANT	ADDRE	UPPER	MARLBO	ORO
		NO	216-0	8-113	DENNIS MIK	O 7222 HAVE	E TURN	MD 207	7.72
	18 CAUS	E OF DEATH Enter only of DEATH WAS CAUSED B	one cause per line for ra	and c	- 1/200	* Indix	73	BETWEEN ONSE	INTERVAL I AND DEATH
1		IMMEDIATE (		ONGT?	MINK HOOL	1 7-11/1	ناح		
			DUE TO, OR AS A CONSE	DUENGE OF	dointe (	MILLIAM	Misca	10	
1		ons, if ony, which ise to immediate	(b)	1000	all complete	MANOIONA	1 do 1	12	
	couse	a, stating the ng cause last	DUE TO, OR AS A CONSE	DUENCE OF					
			( c)						
		OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING	POLITICAL PROPERTY OF THE PROP	OT RELATED TO THE TERM	111 1111	well.	DARI O	
i	CERTIFICATION 19° DATE	OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	Ou AUTOPSY?	206 IF YES, WER	E FINDINGS	USED
	TIE					YES NO	YES [		IO []
١	21a. ACCI	DENT WAS UNDERLYING	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NAT RE OF INJUI	NIN ITEM B PART O	RPART 2)	
	OR CONTR	BUTING CAUSE OF DEATH	P.M.	19					
	<u>u</u>	RY OCCURRED	21e PLACE OF INJURY	CE FARM FIC I	211 LOCATION	TITY OR TO	wn (	DUNTY	STATE
	AT WORK	NOT WHILE AT WORK		Δ.	111	act	17 8	7	
			rattended the deceased fro	ma I I	10 19 1	L. 10_00	19 0	that	(we) last
	sow	the deceased olive on ve (12 (we) Midd not v	new the bady after death	ond	that in (our) opinion	death accurred on the de	ate and have and	from the caus	es stated
	276. SIGN	'ATURY TO S		D	EGREE	MEDICAL STAI		20 DATE SIGH	180
		100			ATTENDING PHYSICIAN [	MEDICAL STAI	IAN	10/15	19.1
	Fr	AVRAL P	you mo.		27. ADDRESS 9401 TWO 1	an HEADH	ight	Wash	me
	23a BURIAL, CR	REMATION, REMOVAL	2/h DATE 2	30 NAME OF CE	METERY OR CREMATORY	23d LOCATION	cour	NTV	STATE
		BURIAL	10/14/87	GLEN HA	VEN MEMORIAL			ARYLAN	
	24 FUNERAL D			KE FUNE	RAL HOMES 250 DAT	TE REC D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
		1630 EDMOND	SON AVE. CATO	NSVILLE	MD 21228 10	-19-81			

DHMH - 16 50M 4/82 (VRA 15, 4)

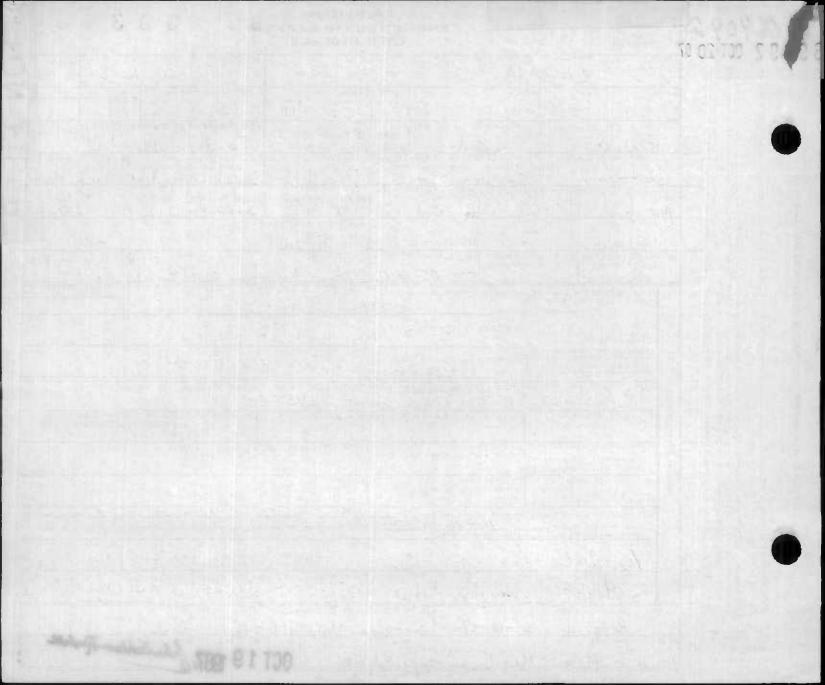
BP.

TO FUNERAL DIRECTOR. After this certification to signed by the ottending physician and complete should be detached for use as the buriol-transit intermit. Then please remove carbon popers. Pages 1 and 2 with the State Dept. of Health and Mental Mylinterial to buriol, cremation, or removal MAPORTANT. If them 21 is marked or them 18 incentary injury, or other traumatic event, the medical examinations of the medical examinations are supplied to the medical examinations.

104173 27833 STEARING THE ADOLE WAS A WAY OUT WHE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

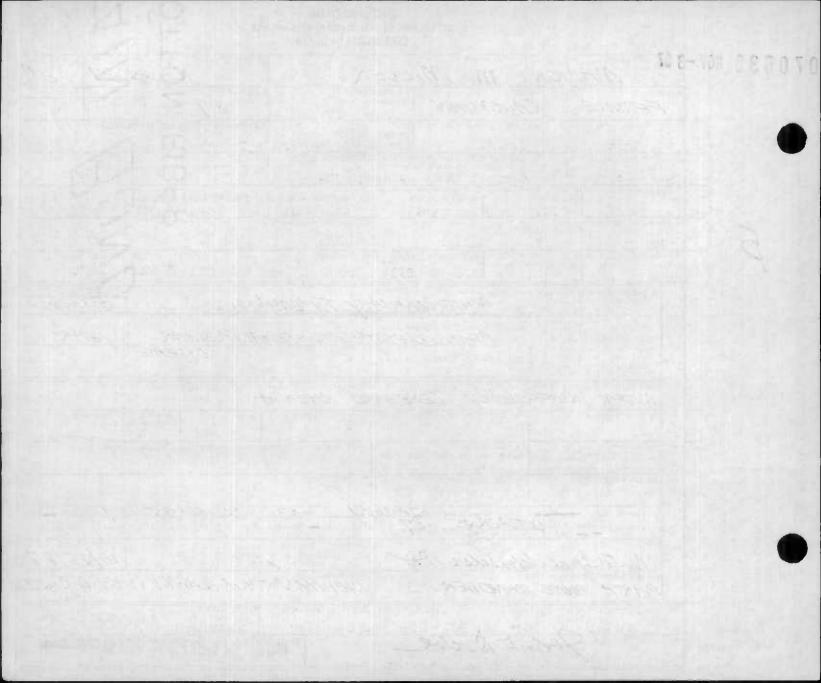
NG	1092	1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	cia 7 3 0	3 / 3
07	DET 20 B	1.	STATE REGISTRAR	PEI ARI	CERTIFICATE OF DEATH	REG. NO	
o e	death death		CEASED NAME PIRST CHAR	LES MIDDLE	MILLER	10 Division Dentil	10 81 1010 PM
ge 4 ma	ector po	3 SE	MALE	4 RACE CAUCASIAN	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR FUNDER 24 MR.
leath Pa	in 72 hau		RTHPLACE ISTATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Southern Ma	OF DEATH Prime Se
s ofter d	by the fu		TY OR TOWN OF PEATH	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  SOUTH OF TO MAIN	0 11	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING HE	126 KIND OF BUSINESS OR INDUSTRY
24 hour	rould be must be	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		130 STREET ADDRESS, ZIP CODE 2600 Brinkles	PD #T-10
ed with	ompletely ond 2 st	14. FA	Elmer	Miller Miller	15 MOTHER'S MAIDEN NO	AME	Ash
oe execu	Pages 1		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN)   [IF YES, GI	MED FORCES? 166 SOCIAL SEC FE WAR OR DATES)	- 6986 Cynthia Dogo	ADDRESS A.	Washington, MD
rtificote	physicio onpapers emovol		PART I. DE ATH WAS CAUSE	ily one couse per line for to , (b), o D BY (E CAUSE to)	ardiac are	C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the deoth ce	by the attendingse remove carb il, cremation, or other traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost		le Myocardia		
equires	Then pte	NOIL	PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUTNOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART TIG
he law	sit permit grene prior shows only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS REPFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ICIAN T	riol-tronsit antal Hygie fero 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR AM MONTH	PAY YEAR 19	RRED (ENTER NATURE OF IN UR1 NITEM 8 P	AR' OR PART ?
aftendin	ther this of the bund We hand Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC.) 21E LOCATION STREET	1Y OR TOWN	COUNTY
ATTENDIA spiral or	of Healt		sow the deceased alive on	tol) ottended the deceosed from,  // / / / / / / / / / / / / / / / / /	0 9	death occurred on the date and hou	19 St that the last and from the couses stated
TAL OR A	detached detached ate Dept		276 SIGNATURE CON	moughy !	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 10-11-8-7
HOSPII	should be d		R.H. M.C	Ψ	1D 5618 St.	BARNABUS Rd	. Oxon Hill and.
BP.	_	L	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	236 DATE 231 10-10-97 G	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF THE	65 De
	16 60M 7/B4 RA 15, 4)	24 F	UNERAL DIRECTOR NAME 6. MOSON	Used Grand Ha	00 RASE. OC.	T 1 9 1007	Magas Story House



	FOR
-	STATE
	DECKTOAD

## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The Birthplace (Seal Devolution of Seal Devolution
1. SEX  4. RACE  4. R
TO BIRTHPLACE (STATE OFFICERION TO BE AND TO B
To BIRTHPLACE   SHATE ON FOREIGN   The COUNTRY   The Country of Death
New York    New York   U.S.A.
New York  U.S.A.   WIDOWED   Prince George   MD.    II NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION   IPP OF WORK FOR MOST OF WORKING HOTE   III NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION   IPP OF WORK FOR MOST OF WORKING HOTE   III NUMBERS OF WORKING HOTE   III NUMBERS   III N
HRATTSVIILE  CATTOIL MANOR NUTSING HOME  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION COME RESIDENCE BEFORE ADMISSION)  136 COUNTY  Maryland  P.G.  Hyattsville  Willer  Willer  Miller  Middle  Henry  V.  Miller  M
Heartsville Carroll Manor Nursing Home Typist U.S.Govt.  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CAME RESIDENCE BEFORE ADMISSION) 138 STATE 138 COUNTY 136 COUNTY 137 COUNTY 136 COUNTY 137 COUNTY 147 COUNTY 147 COUNTY 147 COUNTY 147 COUNTY 147 COUNTY 147 COUNTY
IMMEDIATE CAUSE (a) HUTE CARCWARY THROMBOSTS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse of storing the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HOUTE CONCENARY THROMBOSTS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse to immediate couse to immediate couse to is indicated to the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HOUTE CARCINARY THROMBOSTS  SECONDS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse of string the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HUTE CANCINARY THROMBOSTS  SECONDS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse lost stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HUTE CANCINARY THROMBOSTS  SECONDS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse lost stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HOUTE CARCINARY THROMBOSTS  SECONDS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse of string the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HOUTE CONCENARY THROMBOSTS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse to immediate couse to immediate couse to is indicated to the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (a) HUTE CARCWARY THROMBOSTS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse of storing the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR A
underlying cause lost
Underlying cause lost DUE TO, OR AS A CONSEQUENCE OF
to See See underlying cause lost
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0
5 5 Z M. TAN INCIPERIALENCIA. AFTERNAM ICALLERALA
BEER MITRAL INSUFFICIENCY; CEREBRAL ISCHEMIA
MITRAL INSUFFICIENCY; CIRCURS SCHEMIA  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING  210 ACCIDENT WAS UNDERLYING  210 ACCIDENT WAS UNDERLYING  211 TIME OF INJURY  211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM BE PART 198 PART)
YES NOX YES NO
210 ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  UP D 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ON CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ELC.)  STREET  STREET  STREET  STREET
AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OF TOWN SUNTY JATE
220   certify that (I) (this harpital) attended the deceased from TANUARY 19.83 to OCTOBER 25 19.87 that II worldst
saw the deceosed alive an COTOBER 25 19 19 19 ond that in (my) opinion death occurred on the date and hour and from the causes stated obove, (I) we will did not view the body after death
DEGREE 226 DATE SIGNATURE
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ATTENDING MEDICAL STAFF
ATTENDING MEDICAL STAFF PHYSICIAN S NAME (I'VE OR PRINT)  1226 PHYSICIAN S NAME (I'VE OR PRINT)  1226 ADDRESS  1226 PHYSICIAN S NAME (I'VE OR PRINT)
MARTA ANNE SCHNEIDER ND STARTHUR BLD, N.M. WASH. D. C. 200
MARTA ANNE SCHNEDER ND SHOT MACARTHUR BLD; NW. WASH. D. C. 200.
PHYSICIAN DI DIRECTOR
MUTANME GENERAL INFO OF STATE



	D	= 0	1
0	yo	D = /	- 5
2	5	C 01	-
2	P P	- a	of a
0	4	a P	
Z	2	70	) (
5	=	> 4	0
>	+	2.6	-
OK OK	3	9 0	1
\$	0	E 0	- 3
	+5	campletely fulled is 1 and 2 should b	2
S.	Ü	D 6	-
0	2C Ø1	2 6	7
2	0.	2 0	E
E	۵	is a	9
A	0	1 Sent	4
60	8	10 1	Н
	- 6	M. T. E.	h
S	0,	\$15-10 mg	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	th certific	200	19
0	+	300	П
S	9	1 7000	ú
OK	0	7 9 5	13
0	Ť.	201	6
>	+	> 0 0	4
_	ç	0 0 -	0
0	÷-	De e	è
	ē.	and c	-
S	5	Sign	
OK.	9	c = t	5
0	-	- ee	3
2	5	DEG	Š
OC	A 5	000	1
4	4 0	e + +	ć
<u></u>	- 0	ns ns	-6
>	Z	2 0 ±	0
F	A G	- 0	-
9	9 5	a p	-
Z	75	W. A	-
2	T	F 9 70	-
5.	10 ==	+ = =	-
=	70	the s	-1
	0 0	A a to	i
	Z -	Te us	-
	F 5	0 5	-
-	F O	D+0	C
	204	P e d	-
	0 0	O ch	4
	7 4	e t	31
	4 >	de	1
	0 0	S e m	4
	d S	Z P o	H
	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death gertificate be executed within 24 hours of ined by the haspital as attending physician.	FUNERAL DIRECTOR. After this cert ficate has been signed by It Illings and and completely fulled in by the burd be detached for use as the burnal-transit permit. Then please ment or another for use as the burnal-transit permit. Then please ment or a the State Dept of Health and Mental Hygiene prior to burnal common and mental Hygiene prior to burnal common and the state of Health and Mental Hygiene prior to burnal common and the state of the s	DIANT Harmon or many and an inches an inches and an inches

10 FBR 0 9 3 2 NOV -6 87

STATE OF M		3
EPARTMENT OF HEALTH	AND MENTAL HYENE	gi.
CERTIFICATE		

STATE REGISTRAR	1101	0 01	DE PROTE	CERTIF	ICATE OF DEATH	REG	NO		
DECEASED NAME	FIRST	LLIAM	A.		ast INDER	2a DATE OF DEATH	10-29-8	37	2.50A M
Male		Cauca:	sian	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST E	BIRTHDAY) IF III	NDER E YEAR	HOURS MIN
Mary and	ATH []	Unite		MARRIE WIDOWE	D NEVER MARRIED DIVORCED X	PRINCE GE  12d USUAL OCCUPA  (TYPE OF WORK FOR MOS'	FORGE		MD F BUSINESS OR
CHEVERLY  USUAL RESIDENCE OF NURS  130 STATE  Maryland		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	TAL CENTER  124 INSIDE CITY LIMITS?  YES NO	Gravedi	Loger S/ZIP CODE		etery
4 FATHER'S NAME FIRST  Jacob A.  60 WAS DECEASED EVER	Min	der	LAST		15 MOTHER'S MAIDEN NA. FIRST  Mary I.	Sollers	Street	LAS	Pinev
IYES NO OR UNKNOWN)		WAR OR DATES)	578-48-			Minder,	Gen'l.		. Point,
	, which mediate ag the last	DUE TO, OF		NCE OF		IINAL DISEASE OR CO	ndition Given	IN PART 1	0
190 DATE OF OPERA		196 CONDI	-	OPERATIO	n was performed	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES		
TION DATE OF OPERA  190 DATE OF OPERA  210 ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MEDI 210 INJURY OCCUR WHILE AT WICK AT W	CAUSE OF DEAT CALEXAMINER) RED	P./ 21e PLACE O	m. Month da m.	19	211 LOCATION STREET	RED (ENTER WATURE OF IN		ORPAR 2	TATE
22a   certify that (1) saw the deceas above (1) we) (1) 22b SIGN TURE	(this hospiti	10-	28 19 0	, or	, 19 35 and that in (my) (our) opinion DEGREE		date and hour on		
JOO 22d PHYSICIAN'S N Sea	AME (TYPE OR	PRINT) Lee	han	MA	22e ADDRESS 1	MEDICAL ST DIRECTOR PHYS	44 D	RIV	29.87 785
230 BURIAL, CREMATION, (SPECIFY)	REMOVAL	NOV.	3,87 Ce		EMETERY OR CREMATORY Hill	SuitTa	nd, Pri	l'h'te	Geo"., M

DHMH = 16 60M 7/B4 (VRA 15, 4)

BP.

Rell Funeral Service, Prince Frederick,

NOV 5 1987

10 7 0 2 2 2 2 2 5 2 0 7 0 and the state of t real state of the the liver track of the court of the court of title gam to No. 2 . wanted

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MISER

20 DATE OF DEATH MONTH

IF INDER THAR

5. DATE OF BIRTH 06/ 01/

6 AGE (IN YEARS LAST BIRTHDAY) 66

9 BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED WIDOWERT DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Prince George's

Hosp. Homemaker

126 KIND OF BUSINESS OR INDUSTRY Home

13c. CITY OR TOWN

13d INSIDE CITY LIMITS? YES X

15 MOTHER'S MAIDEN NAME

#Lot 27 13e STREET ADDRESS / ZIP CODE 7734 Washington Blvd.

Franklin.Sr 166 SOCIAL SECURITY NO.

Fannie 17 INFORMANT

ADDRESS

Shelton

215-24-6105 Roy L. Miser

same as 13e

18 CAUSE OF DEATH (Enter only one couse per line foreta), (b), and ic
PART L DEATH WAS CAUSED BY RENAL DUE TO, OR AS A CONSEQUENCE OF HEPATITIS Complicated ERIOSCLEROSIS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

HOUR A.M MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART OR PART

200 AUTOPSY?

NO

(AT HOME STREET FACTORY OFFICE, FARM ETC.)

211 LOCATION STREET

CITY OF TOWN

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinian death occurred on the date and hour and from the causes stated

22c DATE SIGNED

Md.

131 NAME OF CEMETERY OR CREMATORY Meadowridge Cem.

Jessup

Howard

DHMH 16 60M 7/B4

74 FUNERAL DIRECTOR 7601 Sandy Spring Rd. Fleck Funeral Home, Inc. Laurel, Md. 20

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNAPIRE LAND SEASON PROBLEM 1987 5 1987

(VRA 15, 4)

TALL OF THE PARTY OF THE PARTY

The contract of the second second

1					MARYLAND	S 1 19		
38178 de	حيام	FOR STATE		DEPARTMENT OF HEALT			0	) was
o 110 de		REGISTAR	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH RE	G NO	5
	(THE	CEASED NAME (III	*1	MIDDLE	I - IL.	20 DATE KNOW		YEAR 25 HOUR
(2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1000	No	rothag	Frances Mc	nticello	DEATH MATE	0 10 -6	1987 M
1	SEX	4 RACE	5 DATE OF BRITH	6 AGE (IN YEARS IF L	INDER 1 YR. IF UNDER		MONTH DAY	YHAR 24 HOUS
V	Fee	male White	10-23	YEAR ON YEARS IF L	THE DAYS HOURS	MIN PRONOUNCED DEAD	10-6	1087 4
1	17000	RTHPLACE ISSUEDE	& CITIZEN OF WI	HAT COUNTRY?	RIED T NEVER MARRI	9 BALTIMORE C	ITY OR COUNTY OF	DEATH
/	C	hicago, Ill.	U.S.	A. WIDO		Danisa	George's	110
7		TY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL, NURSING HOME, OR OT	THER INSTITUTION	120 USUAL OCCUPATION	V (TYPE OF WORK 126 K	IND OF BUSINESS
9		linton	Southe	In Maryland	d Hospital	Homemaker	Ho	or industry Ome
10	USUA 1307S	L RESIDENCE (IF IN HURSING HI	ome or other institution gi DUNTY OUOMA	IN THE OR TOWN	13d INSIDE CITY LIMITS?	1398 Schur	nan Rd.	1/1/9/1
	-6	informus =	ouoma	Vetaluma.	YES NO		uhnand	hane /
10	3,50	THEA'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE	N NAME MIDDLE		LAST
81		John		Bushka	Jennifer	MIDDLE		
-	60 V	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADD	DRESS	
4	, , ,	No N		Unk	Salvatore	Monticello	Same as	13 A-E
1		18 CAUSE OF DEATH (Ente	r anly ane cause mer line	e for (a), (b), and (c).)	1 1		, ]	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
		PARTI DEATH WAS CA	DIATE CAUSE	betre centerce,	Alunte a	andervaso	ula-1	WEEN ONSET AND DEATH
183		IVADATE		AS A CONSEQUENCE OF				
3		Canditians, if any, w		4 seese				
X		gave rise to immed cause (a) stating the un		AS A CONSEQUENCE OF				
		lying couse last.						
		PART 2 OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTION TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ACE OR CONDITION CIVEN IN BAR	T 1		
	Z			AND HERETO TO THE TERMINAL DISE	KOL ON CONDITION GIFTEN IN PAR	+ 1   0		
1	ATK	90 DATE OF OPERATION	195 CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		120	AUTOPSY?
1	PIC							
1	ERT	210 EXTERNAL CAUSE WA			HOW INJURY OCCURRE	ENTER NATURE OF INJURY IN IT		YES NO [
1	AL.C	UNDERLYING OR		MONTH DAY YEAR	- COMME			
1	DIC	CONTRIBUTING CAUSE			OCATION			
	ME	WHILE AT WORK		TORY FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK						
		22a I certify that I taok c	narge af the remains des	scribed abave, held an Auto	ipsy . Inspection	Inquiry	and in my opinian	
		death resulted fram.	aturol causes	Accident Suicide	Homicide .	Undetermined manner		
		-Au	11 / Del	2.	TITLE (SPECIFY)			. 1 5h
1	10 34	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL	mon file	oduguez-	M.D. Deputy	MEDICAL EXAMINER	DATE	0-6-87
A	1	EVANAINED'S NIAME	/	1 5			0.0	
9		EXAMINER'S NAME (TYPE OR PRINT)	ugusto P. R	Rodriguez, M.D.	ADDRESS 5009 F	Rayburn Ct ,	Temple Hil	lls, MD
2	23a BL	irial, cremation, remov.	10/00/07	Cyprus Hill	OR CREMATORY	Petaluma	Causin	College
			10/09/8/	cyprus HIII				Calif.
	24 FL	INERAL DIRECTOR Lec	Funeral Ho	ome, INc.	250 DATE R	EC'D BY REGISTRAR 25b	REGISTRAR & SIGNAT	Par dasa
-	01	d Alexander F	orra pa cli	nton Md 20835	UG	~ 8 198/ 8	me house.	Visiona

188-130 17 1860 Desighty Manticolla 12-5-5-1

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B76TATE REGISTRAR DECEASED NAME FIRS1 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT LILA MORELAND MAE 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH White 9 1897 90 Female TO BIRTHPLACE IN ALE OF FOREIGN 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWEDX PRINCE GEORGES COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLINTON SOUTHERN MARYLAND HOSPITAL Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Lothian Arundel 5225 Moreland Road 20711 Maryland Anne 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Lvda Ann Dawson John Crandell ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) George A. Moreland 218366520 same as No 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (D) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ta, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 716 HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART OF PART 7 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET TITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on 10143 chave. (I) (we) (did) (did m) New the bady after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated SIGNATURE 220 DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS RANCH HUE CLIYTAY MD 20735 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN 28/87 Lothian UMC Cem Buria 24 FUNERAL DIRECTOR

DHMH 16 60M 7/84 (VRA 15, 4)

BP

00

PORTANT

requires that the death certifically by executed

TO HOSPITAL OR ATTENDING PHYSICIAN The low

offending physician

retained by the haspital or

BP.

DHMH - 16 50M 1/81 \* (VRA 15, 4)

06832

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		G NO	قده د	. A
OCT 13	1 65	CEASED NAME	FIRMT	MIDDLE		L	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
	TYPE		ther	Ε.		Mo	rtensen	Oct.		1987	3 A ,
	3 SE			RACE		5 DATE C		6 AGE INVEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	
		Female	- 1	White		MONTH	5, 1900	87 YRS MONTHS DAYS			HOURS MIN
787-7		RTHPLACE (MINTE OR FOR	EIGN 71	CITIZEN OF WHAT	COUNTRY?	8		9 BALTIMORE CI		Y OF DEATH	1
8X		OUNTRY)		77 - 21 - 3 - 61			D NEVER MARRIED DIVORCED	Prince (			
8 -		SSAChusetts IYORTOWN OF DEATH	1 1	United St.		WIDOWE IG HOME C	OR OTHER INSTITUTION	Prince (			OF BUSINESS OF
/程/ )	7\	delphi		Drog i dont			Center	Nurses A			i + - 1
-		AL RESIDENCE (# NURSING	HOME OF O				ealth Care	Nurses A	ride	Hospi	LLaI
35	130 5	TATE 13	b COUNT	Prince 130.C	ITY OR TOW	N		13e STREET ADDR	ESS		
5-2		aryland	Geo		elphi		YES NO	1801 Met	zerott	Road /	20783
1/	14 F.A	THER'S NAME	AAI	DDLE	LAST		15 MOTHER'S MAIDEN NA	WE	ME	1 AS	51
10		Roy			askell		Grace			Thomps	
1		VAS DECEASED EVER IN		ED FORCES? 166 S	OCIAL SECU	RITYNO	17 INFORMANT	Ą	20004 Cc	nnectio	cut Ave.
1/	L.	No			33-16-	1508	Priscilla A.	Jones, F	Censingt	on, MI	20895
2/		18 CAUSE OF DEATH	Enter only	one couse per line fo	ir (o) (b), on	d of				APPROX BETWEEN	ONSET AND DEATH
				CAUSE (0)	Ma	1000	1 Causes				
a Did		1/4	MEDIAIL				,				
0 E		Conditions, if any, v	vhich	DUE TO, OR AS A	CONSECUE	INCE OF					
		gave rise to immer	diote	(b)							
June 1		couse (a), stating underlying couse		DUE TO, OR AS A	CONSEQUE	NCE OF				- 10	
5		DART O OTHER CICALIF	ICANIT CC	(c)	OT ON THE	DE A THE DILLY	NOT RELATED TO THE TERM	INIA DISEASE ON	CONDITION OF	VEALINI DART 1.	
27	z	CVA VZ	1 1	1000000				7-05/		VEIN IN PART II	d
2	CERTIFICATION	190 DATE OF OPERATIO					N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	NGS LISED
0 5	FIC	THE DATE OF GLERAINE		170 CONDITION	OK WINCH	0121110	Grammes		IN CERTI	FYING CAUSES	OF DEATH?
or or	E E	210 ACCIDENT WAS UNDER	IVING 🗖	216 TIME OF INJU	IDV		11. HOW INTHURY OCCUPA	YES NO		ES	NO 🗌
00		OR CONTRIBUTING CAL		110110 1 11		AY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE O	INTURY IN ITEM IB	PART = OR PART 7)	
Ten /	O.	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.		19					
ŏ/	MEDICAL	21d INJURY OCCURRED		21e PLACE OF INJ		ARM ETC )	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
A L	-	AT WORK NOT WHILE							+ 0-	0.7	
8		220 L certify the (1)(th	nis hospita	I) opended the dece	osed from 7	7	19 80	toOc		19	that (I) Wella
4		saw the decembed	olive on_	>e >T	2 4 19 2	01	nd that in (my) (our) opinion	death occurred on t	he date and har	ur and from the	couses stated
E B		776 51GNA (29/		The wine body one: c	1 7	4	DEGREE		-	22c DATE	SIGNED
-		Lu	X	1	1		ATTENDING PHYSICIAN IS	MEDICAL PH	STAFF	(01	8187
Z		THE PHYSICAL S NICH	E (1195 CH)	(INT)	11	-	22e ADDRESS 75		eenne		x- 12-
5 /		St.	+	Lock	code;	12		e en bel	1 190	ay Con	200
IMPORTAN			-4-1	/ 1		100505				20 77	-0
		BURIAL, CREMATION, RE	MOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
-		Cremation	1	10-8-87	Met	ropo	litan Cremator				
/81	24 FI	INERAL DIRECTOR R	icha	rd Rapp, I	n Copress		250 DAT	E REC'D BY REGIS	RAR 256 REGIS	TRAR'S SIGNA	TURE
	P	. O. Box 43				200	100	00 4007	3 8 8	מל וני	1.00

TRE: 80 T30

7.0	776 NOV.	FOR - STATE REGISTRAR TIDELIASED NAME FIRST	DEPART	STATE OF M MENT OF HEALTH CERTIFICATI	AND MENTAL HYG	REG NO	0 4 0 5
1 0	\$ 2.4 1 0 1101	TYPE W PRINTS	lan	Mouts	១ន	20 DATE OF DEATH MONTH	19 87 1430 PM
	ge 4 moy star pog s offer de	3 SEX Male	4 RACE White	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAS BIR HDAY)	THE PLANT OF THE RESERVENCE
	neral dire	70 BIRTHPLACE AME NOREUN Albania	76 CITIZEN OF WHAT COUNTRY?	MARRIED N	VEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN Prince G	
X	by the full with	NO CITY OR TOWN OF DEATH  Hyattsville		AG HOME OR OTH ADDRESSI Avenue	ER INSTITUTION	120 USUAL OCCUPATION  ITYPE Ret. Waiter	LIFE 126 KIND OF BUSINESS OR INDUSTRY
AND 213	135		or other institution live residence before unity action Hyattsvi		SIDE CITY LIMITS?	6018 4088 Ave	Nue 20782
BALTIMORE, MARYLA	1	Chris	Mouts	os	'Alexan		Eleades
TIMORE	be execu-	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU 196-30-6		ormant la Moutso	s-wife-(same as	13e)
201 W PRESION SI	The law requires that the death certificate ricion.  The has been signed by the attending physic has perm t. Then please remave carbonope gine prior to buriol, cremation, or remaval shows any injury, or other froumatic event, it	Conditions, if any, which gave rise to immediate cause a stating the underlying cause last  PART 2 OTHER SIGNIFICAN  199 DATE OF OPERATION	DUE TO OR AS A CONSEOUR  DUE TO OR AS A CONSEOUR  DUE TO OR AS A CONSEOUR  (1) H Y TENTE OR  T CONDITIONS CONTRIBUTING TO 1	ENCE OF ENCE OF ENCE OF ENCE OF ENCE OF ENCE OF OPERATION WAS		200 AUTOPS 206 TIN CERT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2/7/87  5 yrs Plus  IVEN IN PARY L a  ES, WERE FINDINGS USED HEYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS	OR ATTENDING PHYSICIAN E haspital or attending physician DIRECTOR, attentins certificated for use as the burnol-tro ched for use as the burnol-tro Dept of Health and Mental H Hem 21 is marked or them 18	OR CONTRIBUTING CAUSE OF D  IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN  270   Certify that (I) This has  sow the deceased alive of	DEATH HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F  pital) attended the deceased from	AY YEAR 19 21f (C	DCATION TIREET  19 7 2 In Imy Loyal opinion o	to O John 1999 and he date and he	19 27 that I ye last
	reformed by the TO FUNERAL should be determined by the Stote with the Stote IMPORTANT	230 BURIAL REMATION, REMOVA	W. Kelley	0 61	ATTENDING PHYSICIAN  DDRESS  24-4/57  RYOP GREMATORY	Ave, Hy attsul	12902 87 1/e, md 26782
D	BP	24 FUNERAL DIRECTOR .Hines/Rinaldi F	uneral Home 11800 Silver S	N.H. Ave	A. NOV	EREC D BY REGISTRAR 256 REGI	g Montgomery Md.

06913	2 · OCT 2	D18	7FOR STATE REGIST
IMORE, MARYLAND 21201	n and completely fitted in by the funeral director page 3.  Pages 1 and 2 should be filed within 72 hours after death medical examiner must be notified at once	70 BI Mas 10 CI	OR PRINT)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the depth certificate be executed within 24 hours other depth. Page 4 may be	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely fifted in by the funeral director page 3 should be detached for use as the buriol-transit permit. Then please remave.co.tban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept at Health and Menial Hygiene prior to buriol, cremation, arremaval.  IMPORTANT If them 21 is marked or frem 18 shows any injury, at other traumatic event, the medical examiner must be notified at once.	MEDICAL CERTIFICATION	PART 2  190 DAT  210 ACC OR CON- (IF EITH 21d INJ WHIE AT WORK 220 I ce Sabot 22d PHY
6 0	F & 3 ₹	22- 0	LIDIAL C

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR						CERTIFICATE OF DEATH					REG NO						
		CEASED NAME	FIRST			MIDDLE			LAST			20 D	ATE OF	DEATH	MONTH	DAY	YEAR	2b HO	UR
	(117)	OR PRINT	PHY	LLIS	Eli	izabetl	h	Mi	OYLA	N					10	12	87	11	15AM
	3 SE	X		4 RACE				5 DATE OF BIRTH					E (IN YE	ARS LAST B	IRTHDAY}	IF UND	ER YEAR	(F. INDE	ER 24 HR
		EMALE		WH]	ITE			MONING.		12	07	80	)		YRS	MONTHS	LIAYS	HOURS	MIN
5		RTHPLACE (STATE OF F				WHAT COUN	VTRY?	8 AAA DDIE	~ П N	EVED AA	ARRIED 🗆	9 BA	LTIMOR	E CITY	OR COUN	TY OF DE	ATH		
9		ssachusetts		U.S				WIDOWE	EX	DIVO	DRCED [				ORGES	51			MD.
1	10 CI	ITY OR TOWN OF DEA	ATH			HOSPITAL, N			OR OTHE	R INSTIT	UTION	12a L	SUAL C	CCUPA	TION OF WORKING	12b	KINDO		
		TEVERLY		PRIN	1CE	GEORGE	15	HOSP	ITAL	CEN	ITER	Mai	nage	er	OF WORKING	Fö	od	serv	/ices
	Mai	at residence (IF NURS Tyland	13 PCOM		IIIUTION	Blader	TOWN	irg	13d IN	x	Y LIMITS?	599	get Éi	DDRESS <b>Mers</b>	on S	tree	t 2	0710	)
1	14 FA	Thomas		WIDDLE		Ric	e		Pho	oebe			Ąn				Door	es	
,	No No	VAS DECEASED EVER		MED FOR		166 SOCIAL 579-32			Jar	orman ie T	<del>.(Dau</del> . Ing	wer	sen		verda				737
		18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).  IMMEDIATE CAUSE (a).																	
7	DUE TO, OR AS A CONSCIDENCE OF																		
		Canditions, if any,		(	b)		10	way	ila	171		ud	10	10	when	1/2			
7		gove rise to imm cause (a) statin	ig the	DUE	10,01	R AS A CONS	SEQUE	NCE OF	\		,			1					
		underlying cause	last	(	10)									1	1				
	N O	PART 2 OTHER SIGN	NEWNI	CONDING	ONS <u>CC</u>	DINTRIBUTING	1	ST L	NOT RE	LATED T	O THE TER	MINALE	ISEASE	OR COI	NDITION C	GIVEN IN	PART 1 o		
2	CERTIFICATION	190 DATE OF OPERAT	IION	19Ь	CONDI	TION FOR W	OR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					TH?		
1	RT	21a ACCIDENT WAS UND	SERIVING F	7 211	T 1445 O	FINJURY							YES NO YES NO WEST NO WES NO WEST NO WEST NO WES NO WEST NO WEST NO WEST NO WEST NO WEST NO WEST NO WE						
5		OR CONTRIBUTING				M MONTH	H DA	Y YEAR	ZICH	)(NI WC	JRY OCCUI	RRED (E	NTER NAT	IRE OF IN	UR+ IN-ITEM I	8 PART OR	PART 21		
5	MEDICAL	TIT INJURY OCCURE		_	P	M. OF INJURY		19	211 10	CATION									
	ME		3.0			PEET FACTORY O	FFICE FA	RM ETC )	211 10	STREET				EITY OR I	OWN	(0	VINU		TATE
		A WORK AI WOR	RK						<u> </u>		Q1			·har	1		7		
		220 I certify that (I) saw the decease abave, (I) (we) (3	ed alive an	1	0/10	37	19 <b>3</b>	1 01	nd that :	n (my) (a	ur) opiniar	death o	accurred	an the	date and h	aur and t	om the	hat (I auses s	(we) last tated
		226 SIGNATURE	JIG FLOIG NO	iti view ini	e boday	arrey dearn			DEGREE							27	DATE S	SIGNED	
		1	wi					1	10	AT PH	ENDING 1451CIAN	MED	CTOR	ST/ PHYS	AFF ICIAN		10-	13-	87
1		22d PHYSICIAN'S NA	Menne	April 1					22e A	DDRESS	SME	719	AL		C	1 2	w	2	
_			5 . 1	M	1.2.	17			141	UL	dos	110	0	20	186			)	
		BURIAL, CREMATION, (SPECIFY) Burial		10/	15/		For	t Lin	colr		meter		ren		d,	P.G.	1 M	ary	lähd
		encise Gasch's Sons Funeral Ho 39 Baltimore Avenue Hyattsvill									250 DA	OCT	19	ुप्रिष्ठ	25b REG	ISTRARS	SIGNATI	JRE	Tine >
	47	39 Baltimo	re Av	enue	e H	yattsv	ille	, Md	. 20	781			_		U	- 104		King	TALLE !

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

22 22 77 025 02	Harry State of the	and the second	
			aux ex-
		THE REPORT SOUTH	
tinda de la lie de la la la		gr 5 - 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1	
14 / July 1			

06789

тау ре

lled in by the fundral director page 3 old be filed within 72 haurs ofter death

ve carbonpapers. Pages ion, at removol by the ditending physician ose remove carbon papers. P. I. cremation, at removol

IMPORTANT If Item 21 is marked or Item 18 spows ony injury, ar other traumatic event, the

should be detoched for use as the burial-trans; t permit. Then plea: with the State Dept. of Health and Mental Hygiene prior to burial. TO FUNERAL DIRECTOR. After this certificate has been signed

ATTENDING

natified of once

	STA	TE OF I	MARYL	AND	
DEPARTMENT	OF	HEALT	H AND	MENTAL	HYC

CERTIFICATE OF DEATH

U

0	1 - 07	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	. U /				
_q	1 0	CEASED NAME AKA FIRST FI	RANCIS MIDDLE H.		LASTMULCAHY	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR D				
	RE	V. TURIBIUS	GABRIEL	MUL	CAHY, S.T.	OCTOBER 1, 198	7 8.30 M				
U	3 SE	X	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR IF INDER JHR				
		MALE	CAUCASIAN	JANUARY 11, 1896		91	MIN HC & MIN				
1	7a BI	IRTHPLACE LATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OFDEATH				
7		IEW YORK	U.S.A.	WIDOW	ED DIVORCED	PRINCE GEORGES	MD				
	17	ATTSVILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE CARROLL MANO	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF					
12	USU, 13a S MA	AL RESIDENCE IF NURSING HOME OF STATE 136/COUR MONTA	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO	re admission)	13d INSIDE CITY LIMITS?  "YES NO   15. MOTHER'S MAIDEN NAM	PRIEST  136 STREET ADDRESS / ZIP CODE 9001 NEW HAMPSHI					
	/	IIMOIHI	LPIN MULCAH		MARY	FRANCES	MULLANEY				
7	10		/E WAR OR DATES)		17 INFORMANT SUPER	* 1 1					
6	Y	ES WW	II 179–36–	1600	REV. LEON BUG	GY,S.T. SILVER	SPRING, MD. 20903				
			lly one couse per line for (17) to o D BY PE CAUSE (a)	es Z	Eapenaly (	least	arminami morali				
	NO	Conditions if any, which gove the to immediate come in stating the underlying cover last.  PART 2 OTHER SIGNIFICANT (	OUE TO OR AS A CONSEQUENCE ON THE CONTRIBUTIONS CONTRIBUTIONS TO SALVE A CONTRIBUTION OF THE CONTRIBUTION		I NOT RELATED TO THE TERMI	INAL DISEASPOR CONDITION GIV	EN IN PART 1 o				
1	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	S, WERE FINDINGS USED					
L	CERTIFICATION	some	-			200 AUTOPSY? 20b IF YES IN CERTIF	YING CAUSES OF DEATH?				
1		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURR	ED CENTER NATURE OF INJURE IN ITEM 8 P	ART OR PAR'.				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC }	211 LOCATION STREET	LITY OR ICWN	OUNTY TATE				
		sow the deceased alive on	tol) oftended the deceosed from.  19 11 view the body ofter death	6 17	nd that in (my) (our) opinion o	to deoth occurred on the dote and hou	19 that    (we) lost ir and from the couses stated				
7		226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS									
		DANIEL J. BOYI	SPRING, MD.								
		BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	UNIY				
		BURIAL	OCT.7,1987 HO	LY TRI	NITY CEMETERY	FT. MITCHELL R					
	24 FL	UNERAL DIRECTOR FRANC	S J. COLLINS, J	R.	25a. DATE	REC D. BY REGISTRAR TO REGIST	RAD S SIGNALUR				
			LVD.W. SILVER SP		MD.20901 UUI	07 1987 Julie De	- Tuoning				

DHMH 16 60M 7/B4

(VRA 15, 4)

BP.

OCT O'T SEZ.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EVAMINED'S CEDTIEICATE CO DEAT

Н	REG	No	-	J	C	
DATE	KNOWN ESTI-	N.	MUNH	HAI	AR	ZE HOU
	MATED	П	10	9	1937	
DATE			MONTH	DAY	∥É AŘ	2d HOU

0 0	n det	20	97	CEASED NAME	FIRT	MI	MIDDLE	EXAMINER 3	LEKTIFICATE O	PUEATI	REG NO			
3 3	) U upi	24	04	E DR PR N		7750					OF ESTI		A AR	26 HOUR
	TOR TOR TURS TURS		3 SEX		THEL 4 RACE	MA VER	NELL		LLIS NDER LYR TIFUNDER		EATH MATED	10	9 19 37	2d HOUF
	STATE			_		MONTH MAY	YEAR	LAST BIRTHDAYT MONT			DATE			12:2
	AND NAME OF THE PERSON OF THE	22		emale	White	Oct.13,	1960	26 YRS		57 0 B	ALTIMORE CITY O	10	9 1987	PN
	BESER	161	EA	orth Ca		U.S.A		MARR	IED NEVER MARRI	ED (		_		
	250	X	200	TY OR TOWN	3			RSING HOME OR OTH	VED DIVORCI		Prince Ge		S Count	
	产品品	14	1			LIF NOT IN SUCH I	FACILITY GIVE ST	REET ADDRESS)		FOR MOST	OF WORKING LIFE)	R	eprodu	ction
	SET BY	5	100	hever Ly		OR OTHER IN THE TION	LIVE RESIDENCE		HOSPITAL	Binder	r	<u> </u>	ne.	alits,
120	SOUTH STATE	54	13a S	lary land	1 13 COU		I oth	or town	YES NO X	Dio V	ADDRESS Vista Tra	ilor	Donle	
D. 2	= NIESTA	9		THER'S NAME		e Arundel	Loti	itari	15 MOTHER'S MAIDE		Box 10/20		rark	
E, M	E0895	21	7	FIRST		MIDDLE		ASI	FIRST		WIDDLE	/ 11	IAST	
AOR	200	-			EVER IN U.S. A	Henry RMED FORCES?		ILLIS IAL SECURITY NO.	Thelr	ma	Vernice	71.	Skip	per
TIV	E SESSE	9	[A	NO OR UNKNO	WN) (IF YES GIV	E WAR OR DATES)			Thelma Ver	rnice N	Mullis-Pa	o Vis	ta fra	Leffi:
. BA	Sold a	-		18 CAUSEO	F DEATH (Enter o	inly one cause per lin	ne for (a) h	and (c					I APPROXIMA	E NIERVAL
IST.	SECTION.	.		PARTIDE	ATH WAS CAUS	ED BY			head (uns	necifie	ed weapon	)	BETWEEN ON I	ET AND DEATH
O. P	PER	3			IMMEDIA			SEQUENCE OF	Ticaa (ano)	000111	ed wedper			
RES	ANS!	Ž Ž			is, if any, whice to immediat									
*	A LANGE	5		couse (a)	stating the under		RASACON	SEQUENCE OF						
201	EXA EXA	2		lying cau	se last	(c)								
RECORDS,	ENDING" IN MEDICAL EX AS A BURIA ALTH AND A	5		PART 2 DTHER SIG	GNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RELAT	TED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PAI	tt 1 o				
0	PENDICE MEDICE AS A HEALTH	[ _ Kg	ON											
_			CERTIFICATION	19a DATE OF	OPERATION	196 COND	ITION FOR V	WHICH OPERATION W	AS PERFORMED?				20 AUTOPSY	?
Ž	VORD "P VORD "P E CHIEF BE USED NT OF HE		TIE										YES 💢	NO []
DIVISION OF VITA	THE WOILD THE COULD BE CREATED BE				L CAUSE WAS		DE INJURY	DAY YEAR 216 H	OW INJURY OCCURRE	D LENTER NATUR	RE OF INJURY IN ITEM 18 F	ART I OR PART	21	
ON	SHOU SHOU	2	MEDICAL			DEATH 8: 20P.	M = 10-3	- 19 87 Su	bject shot.	•				
IVIS	CER 3 SI DEP	E .	WED	2 Id INJURY C		STREET FA	OF INJURY		CATION STREET	CITY	Y OR TOWN	COUN	NIY	STATE
۵	WR WAR WAGE	27		AT WORK	NOT WHILE AT WORK	st.	reet	730	0 blk. Land	dover I	Rd. P	rince	George	e's,MI
	ATE. ORV ORV HE ST	,		22a Icertif	y that I taok cha	ge of the remains de	escribed aboy	ve, held an Autop	isy X Inspection	ı In	iquiry an	d in my apin	nion	
	CERTIFICATE ULD BE FOR DIRECTOR: WITH THE	3		death resulte	d from Nat	ural causes	Accident	Suicide	, Homicide X	Undetermin	ned manner .			
	CERTIFICATION BUILD BUIL	ž I		ACTUAL	Mar	OF 4	Colle	to And	TITLE (SPECIFY)					
	A HOLL	i -	-,	SIGNATURE	- Well	0 5	EU,	TI D N	Assistant	MEDICAL	EXAMINER	SIGNED	10-10-	-37
	EDIC ANE	2	1	EXAMINER'S	NAME Mar	io F. Gol	lo Tr	MD	111	Donn (	C+ Pol+	0 77	12 2120	0.1
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH,			TYPE OR PRIN	***				ADDRESS		St., Balt	O., M	D ZIZ(	) <u> </u>
	- wat do	D	23a BI	PECIFY)	TION, REMOVAL			TEASTERNEY C		23d LOCAT	WN	COUNTY		STATE
17 84 25M	BP		24 Fi	Buria]	TOR	10/15/87			MORIAL PARE	raye	etteville	STRAR'S SIG	.C.	
	DHMH 17		B	ichard	A. Cole	man Up	per Ma	rlboro,	DCT?	1 0 100	4 delie De	ridon	Mandale	- 3
	(VR A15 ME (5	12	L	uneral	nome	DM	. 2087	U	001	148	1.0			-

DCT 1.5

1100	236,F1	3h G6		1	-3197	
OR	per	furler	17	His	ome	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

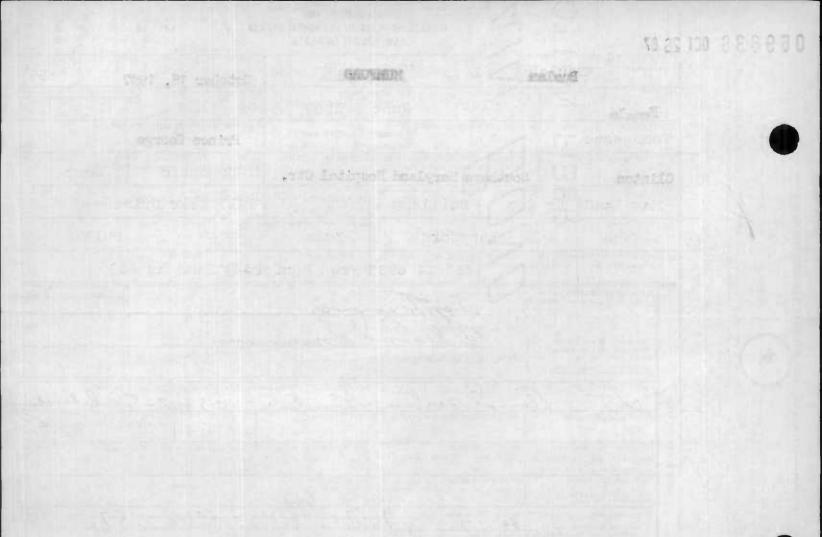
-	
	REG

	26	REGISTRAR				CEKIII	ICATE OF DEATH		REG NO.			
		CEASED NAME OR PRINT)	eula		L	Münf	ford		EATH MONTH	DAY YEAR	26 HOUR 5:55P	
	3 SEX	(		4 RACE		5. DATE C		6 AGE (INYEAR		IF UNDER LYEAR		
		Female		Bl	ack	June	5 1908 TEAR	79	YRS	MONTH! DAY	HOUR! MIN	
7		RTHPLACE LATEOREC	DREIGN	USA		MARRIE		Prin	ce Georg		MD	
)		ty or town of dea <sup>.</sup> <b>inton</b>	ТН				espital Ctr.		126 KIND OF BUSINESS ( IMPEO DOMESTIC. 1126 KIND OF BUSINESS ( INDUSTRY HOME			
5	USUA 130 S	AL RESIDENCE IIF NURSII JATE Maryland	136 PCUI		Suit		13d INSIDE CITY LIMITS? YES NO	Pive 2	0746			
0	I4 FA	Wash		MIDDLE La	ngfor	d	IS MOTHER'S MAIDEN N		MIDDIE	Polk	201	
		VAS DECEASED EVER I		MED FORCES?		SECURITY NO. 24 6933	Fred Munf	ordJr s	Same as	#13		
		Canditions, if ony, gave rise to imm couse (a), stating underlying cause	AS CAUSE IMMEDIA which rediote g the	TE CAUSE (0)  DUE TO O	Neg 13 Cong	7/1-	Incu,	2 grand	/	BETWEEN	xwate interval Onset and death	
	NOI	PART 2 OTHER SIGN	IFICANT -	COMPLITIONS CO	NTRIBUTING Fer	Love tone	NOT RELATED TO THE TER	MINAL DISEASE C	SHA-	SI P	luck,	
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TIONFORWI	HICH OPERATIO	N WAS PERFORMED	200 AUTOP	IN CERT	'ES, WERE FINDII TIFYING CAUSES YES []		
7		210 ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN ITEM IS	8 PART OF PART		
	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	n F	21e PLACE (		FFICE FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	EATE	
		220 I certify that (l) saw the decease above, (l) (we) (d	d alive or	10/1	7	19 0	nd that in (my) (our) apinio	n death accurred	on the date and ha			
		K	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (V///)									
		22d PHYSICIAN'S NA	ME (TYPE	DR PRINT	TAI	21	27e ADDRESS	266	- Om	nd	2074	
	(	BURIAL, CREMATION, F SPECIFY) Buria	1	220ct		GOLDEN H	EMETERY OR CREMATORY LLL Cemete	cy Clar	'Ksville	E FOUNTY T	Cenn MATE	
A	24 FL	INERAL DIRECTROD	ert Ltla	E Wilh nd Mar	elm F ylanc	uneral	Home 3. P.	23 1987	SISTRAR 256 REGI	STRAR'S SIGNA	HERE	

DHMH = 16 60M 7/84

(VRA 15, 4)

BP.



001 23 807 4

DIVISION OF VITAL RECORDS.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 2a DATE OF DEATH DECEASED NAME FIRST MONTH 2h HOUR LIVPE OR PRINTI BAXTER HALL MURPHREE OCTOBER 11, 1987 8:55A M 3 SEX 4 RACE 5. DATE OF BIRTH MONTH DAY MALE CAUCASIAN FEBRUARY 18,1923 64 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MISSISSIPPI USA PRINCE GEORGES WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TAKOMA PARK 7228 MINTER PLACE BROKERAGE MANAGER PRUDENTIAL INS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COMPANY 13a STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND PR GEORGES TAKOMA PARK 7228 MINTER PLACE 20912 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE LAST MIDDLE TAIL1 MURPHREE BAXTER C. ELEANOR WHITE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 66 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 1950-1953 425-20-7411 DOROTHY W. MURPHREE/WIFE/SAME AS 13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate

couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED

216 TIME OF INJURY HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

10

NO 216 HOW INJURY OCCURRED (ENTER NAT RECOF INJURY INSTEM 18 PART OR PART.

IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT WORK NOT WHILE

71a ACCIDENT WAS UNDERLYING

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM E

TH LOCATION STREET

22a I certify that (1) (this haspital saw the deceased alive on \_\_\_ 77h: SIGNATURE ...

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN

and but in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

DR FRED SMITH

22e ADDRESS

5401 WESTERN AVENUE WASHINGTON D.C.

FUNERAL old be deta

PORTANT

00

DHMH 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL BURIAL

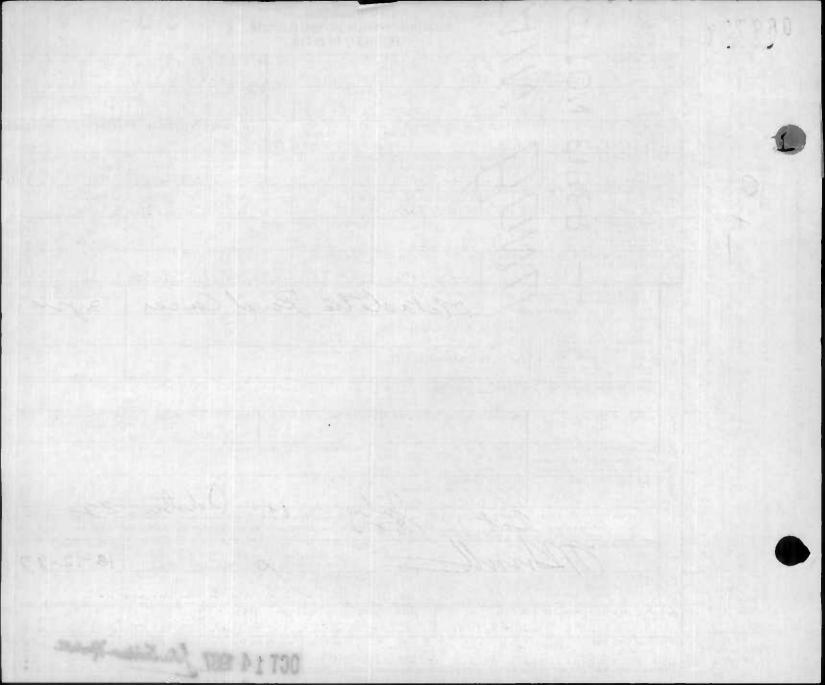
236 DATE OCT-15, 1987 23¢ NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

DEGREE

3d LOCATION CITY OF LOWN

ROCKVILLE MONTGOMERY MARYLAND

FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901



8.7 1.3 1 1 10 27 13 15 Section Character Court in 1988 beres se strange etc. cors (EX THE SK SKIP) THE HILL THE SKIP (CO -57-02) carried and inc. The state of t The state of the s

(VR A15 ME (5))

Beall Funeral Home

SE SEE CO. CO. CO. .commerce sortelaces CELEBORAL Section of Court of the Court of t ETP-SIP SEE NOW TO THERE HER THE EST VENT

etiche T., gut N., dyffinstelle lysof ette get lie get of Utg., it .get hatten vib The State of the Color of the State of

			I FOR I	a thru 2	a Filmo	DEPARTMENT	STATE OF	MARYLAND	IVELENIE	12	73		7
	. (1)	1	STAIL	7/87jab	per. Mey	MEDICAL EX AN	AINED'C	CEDTIEIC ATE	TE DE ATH	0	0	. I	~
	17)		REGISTRAR DECEASED NAM	E FIRST	- '	MILOLE EXAM	MINEK 3	LAST	DEATH	R G	NC	A	AR Th HOLD
000	W = 10 = 1		TYPE OR PRINT				N.T.	aalan		E KNOWN ESTI H MATED			
682	ESE SOCT	-8	87	Deidr.	6 DATE OF BIR	C.		ealon NDER 1 YR TIF UNDER			MONTH.	)/ 2/	9 37 M
	PREC PREC PL				MONTH	DAY YEAR CAST 8	IN MENTAL	n. WAT HOURS	MIN PRONO	UNCED			6:35
	VOUR NO 72 H		'emale	White		0, 1960 27	YRS.		DE O PALT	IMORE CIT	1(	4	19 87 P M
	FCESSAR INERAL D FOR YOU WITHIN 7	1	FOREIGN COUNTRY					RIED NEVER MARR	NED .				
		10	New Je:			d States HOSPITAL NURSING H			IZO USUAL OCO	rince	Georg	je's (	County, MOD OF BUSINESS
6	ESES				LIENOT IN SUI	CHEACILITY GIVE STREET ADDR	RE SI	HER INSTITUTION	FOR MOST OF V	ORKING LIFE	TYPE OF WOR	ORI	INDUSTRY
1	DELATIS TO THE FINANCE SO BE FILED.	- 113	Bow			New Haven I			Adjust	er		Insu	rance
201	DEATH IF ANY DELY DES 1, 2, AND 3 TO A PM 3 RETAIN P AND 2 SHOULD BE OF VITAL RECORDS.		STATE	136 COUL		13c CITY OR TOV		13d INSIDE CITY LIMITS?	13e STREET ADD	RESS		40	1996
. 2	A A B G S		Virginia		rfax	Fairfa	Х	YES NO X	8925 Co	lesbu:	cy Pla	ace /	22031
AD AD	H-MOE)/	111	FATHER'S NAM	E	MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	MIDDLE		I A	st
ORE	OF N P	1	John		J.	Neal		Iris		Μ.		aderma	acher
IIW	AFTER DEATH IVE PAGES 1, H FORM PM AGES FAND ISION OF VIL	16	YES NO OF UNKNO	DEVER IN U.S. AL	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRI	ESS		
BALTIMOR	SAF GIVE ITH I PAG IVISIO	2 L	No			153-58-	7894	John G. N	lealon,	Same a	as 13		
ST., I	18. W.		18 CAUSE C	OF DEATH (Enter a	nly ane cause per	line far (a b and (c	177					APPR BETWEE	EN ON E AND DEATH
N S	A HO		T AKT TO		ATE CAUSE (a	Cardia	Arrh	ythma					
MESTON	A ALCO					OR AS A CONSEQUEN	NCE OF						
8.	E 0 9 3 6 12			ins, il any, which ise ta immediat									
3	25220		cause (a lying cai	) stating the under	DUE TO	OR AS A CONSEQUEN	NCE OF						
8	100 mg				(c)								
960	UID Y PETER A FED AS AL, OFF			IGNIFICANT CONDITION	S CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	TERMINAL OISEAS	SE OR CONDITION GIVEN IN PA	IRI I a				
ECO	OWN A A O	<del>/</del>   }	190 DATE OF	OPERATION	Tini		20001710111						
NA.	00=04=1	/   }	S 190 DATE OF	OPERATION	196 CO	NDITION FOR WHICH (	DPERATION W	VAS PERFORMED?				20 AU	TOPSY?
OF VITAL	NOR!	_	The EVYERNI	AL CAUSE WAS	71b TIA	E OF INJURY	100	0					S NO D
	A THE SEC.				HOUR	A.M. MONTH DAY	YEAR ZICH	OW INJURY OCCURRI	ED LENTER NATURE OF	INJURY IN ITEM	18 PART I OR I	PART 2)	
DIVISION	ERTIFIC ING TH ED TO S SHOU EPART PRIOR		CONTRIBUTION OF WHILE	NG CAUSE OF		P.M. 19		CATION					
<u>&gt;</u>	BER BE		WHILE			FACTORY FARM, ETC.)		STREET	CITY OR	TOWN	C	OUNTY	STATE
	E, WRI WARD PAGE STATE		AT WORK	NOT WHILE									
	25 E DK 41 CO C		22a I cert	ly that I toas	ge of the remove	placeted algers, held	an Autor	Inspectio	in . Inqui	у 🗌	and in my	apinian	
1	CERTIFICATION DIE FOR		death result	ted from	from form / /	refriging .	Suicide _	Hamicide .	Undetermined	manner	].		
	ERT FID VIT VAR			111	11/4	Wih-		TITLE (SPECIFY					
	RAL PATH, RE, N	_	SIGNATURE.	1 8M	K-	971	N	Assista	nt MEDICAL EX	AMINER	DATI		.0/3/87
	DEA SHA	1	EXAMINER'S	NIA ME		/							
	SECULAR INTERPRETATION	1	TYPE OR PRI	NT) Cha	arles P.	Kokes, M.D	).	ADDRESS 11	l Penn St	., Ba	ilto.,	Md.	21201
201	PAF PAF	23	BURIAL, CREMA	TION, REMOVAL	236 DATE	230 NAME OF	CEMETERY	OR CREMATORY	23d LOCATION		(0	UNIY	STATE
07 84	BP806		Cremat		10-7-87		olitan	Crematory	Alexa	ndria	Vi	ginia	
25M	DHMH 17	24	FUNERAL DIREC	TOR Rich	ard Rapp	Res Inc.		250 DATE	REC'D BY REGIST	RAR 256 RE	GISTRARS	SIGNATUR	RE
	(VR A15 ME (5)		P. O. Bo				20010	001	0 190	gue	in flor	ans. Ke	AGAIGN

10/19/87

24 Francis Gasch's Sons Funeral Home, P.A.

DHMH 16 60M 7 B4 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL

Burial

- STATE

4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Fort Lincoln Cemetery Brentwood 250 PATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

Doctor's Hosp.

Boyer

BETWEEN MENTERV20.782

6 mes

22c DATE SJGNED

20782

- 2x2=0x2 - man Full stellar The state of the s to be dealers of the last of t

DINISION OF VITAL RECORDS 201 W PRESTON ST. BALTIMORE, MARYLAND 21201

DHMH = 16 60M 7 (VRA 15, 4)

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEME CERTIFICATE OF DEATH

REG NO

									REG NO	)			
1	1 DE	CEASED NAME	FIR		MILLE		AST	2a DA	TE OF DEATH	MONIH D	A1 YEAR	26 HOUR	
+-		Dor	nald	Ra.	lph	Ne	ilan	00	ctober 1	, 1987		11.101	M
	3 SE:	X		4 RACE		5 DATE C		6 AGE	6 AGE (IN YEARS LAST BIRTHDAY)		IF INDER TEAR	IF NOTER 1146	- Contraction
		Male		Caucasian C			18, 1923 TEAR		63	YRS	No.	HCAIRS MI	7
001		RTHPLACE L'E NE	81 124	76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BAL	TIMORE CITY O	COUNTY	OF DEATH			
4	Kansas			U.S.A. WIDOWEL								,	MD
-9	10 CI	ITY OR TOWN OF DEA	TH	11. NAME OF		G HOME OR OTHER INSTITUTION			SUAL OCCUPATION	N	126 KIND OF BUSINES		OR
6		Linton		Souther	rn Maryla	nd Ho	sp. Center		stems te		telep	hone	
-	13a S	AL RESIDENCE IN NUR	136 COUN	L'HERIN TON	130 CITY OR TOWN		13d INSIDE CITY LIMITS	2 113e STE	REET ADDRESS	7IP CODE	1	1573	1
0	-	ryland	Pr.G	eorges	Clinton		YES XX NO		1 Sprine		s Road	~ /O!	3
1	14 F.A	ATHERSNAME	A	AIDDLE	Α.		15 MOTHER'S MAIDEN	NAME	AAT TIE		I A	1	
20		Ralph	1	Ξ.	Neilan		Anna		J.		Blo		
1		VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADDRE	55			
/ ,		es	WI		578-20-5	371	Pauline T.	Neila	an Sam	as #	13 a-	e.	
		18 CAUSE OF DEATH			line to a b and	d c	0 - 0			-	BETWEEN	MATE INTERVAL	н
		PARTI DEATH W.	201										
	DUE TO OR AS A CONSEQUENCE OF												
		Canditians, if ony,		(b)_	M	ero	stano di	lup	Cana	er			
		gave rise to imm cause a stating	g the	DUE TO. O	R AS A CONSEQUE	NCE OF		V					
		underlying cause	lost	c1									
	7	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DI	SEASE OR COND	IN ON GIVE	N IN PART 1	1	
1	0 5	A DAME OF OREDAY	10.1	141 50110									
7	CERTIFICATION	190 DATE OF OPERATION 196 COND			IIION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH!				
1	ERTI	71g ACCIDENT WAS UND	COLVINY F	216 TIME OF INJURY 216 HOW IN JURY OCCURR					IRRED (ENTER NATINE OF NUMBER NATION OF PARTY				
0		OR ONTRIBUTING C		110110 1	M MONTH DA	Y YEAR	ZIT HOW INJURI OCC	UKKED (EN	ITER WAT RE DE WER	N 11 M H PA	R' TRPARI,		
/	MEDICAL	214 INJURY OCCURR		P. 21e PLACE	M.	19	211 LOCATION						-
-	ME	ATT RE NOT OCCURR		TAT HOME TE	REET FACTORY OFFICE FA	ARAA ET	TREET		N RC TILL	VN I	MINTY	STATE	
						10	1 7 A	6	0.1	1	97	~~	_
		27a I certify that (I)	this hospit	al and death	re deceased from	7	nd that in (my) aui I apin	to,	curred on the de	tod b	9 0 1	that (we) lo	ost
		22b SIGNATUL	d of y	view the body	after death U		DEGREE	ion deam de	.correa an me aa	re and navi		couses stated	
		220 SIGNATORA	11	AA	>		ATTENDING	GMEDI	ICAL STAF		1 D	2/17	
		22d PHYSIS TO US NA	Ma	A DUN			PHYSICIAN 22e ADDRESS	DIREC	TOR PHYSICI	AN	100	AN	
		1	1	NA	MAK		THE ADDRESS O.	A	1				
1	22- 0	CDE MAYOU	V	Ton Divi	WIT TO	AME OF C	L	CASA	TVX	,			
	_/	BURIAL, CREMATION I	CEMOVAL				EMETERY OR CREMATOR		LOCATION	11	TOUNTY	TAIL	
	_	urial  JNERAL DIRECTOR	Lee F	10/05 uneral	Home, Inc	тутаn	d Veterans	DATE PECID	BY REGISTRAR	tenna	m P.G	Maryle	<u>n</u> c
663		old Alexand			Clinton		1270	CT -	R 1027	JRINE CIDIK	Ocordion -	CME	
				1	CITICOII	1.101 2	0/33	O I	0 1001	-			

		UN	KNOW	#87-		050403			AARYLAND		tours or		7	0			
691140	OCT 2	D- ATTE							AND MEN	_		4	REG	U		0	
	1	DECEASED NA	ME	FIR		M tE			LAST			DATE K	NOWN	-	A B I I	YEA	IF ID HOUF
1 8 8 8 E		TYPE R PR NT		JAMES		Α.		î	JEWBY			OF DEATH ,	EST			3 19 8	37
VECESSARY, PLEASE NNERAL DIRECTOR FOR YOUR FILES WITHIN 72 HOURS ARRESTON STREET	3	SEX	4 RACE		5 DATE OF BIRTH	YEAR	6 AGE (IN YE		IDER I YR IF	UNDER 2		DATE	CED	MĈA		LT	AR 2d HOU
ON S		Male		ack	08 10	1952	35 y	RS MONI	AS DATS F	HOURS		DEAD		9	- E. V.		
DELAY IS NECESSARY 3 TO THE FUNERAL DIF IN PAGE 5 FOR YOU DE ELIED, WITHIN ZO RDS, ZOTWA, PRESION	1-1	BIRTHPLACE	y .		76 CITIZEN OF W		NTRY?	8 MARR	IED NEVE	R MARRIE	D X 9 8	BALTIMO	ORE CITY	OR CO	UNTY O	PDEATH	
FUN S FO	4	Washing CITY OR TOW	ton,	DC	U.S		IDS IN COLUMN	WIDOW		DIVORCE	D USUAL	Prin	ice G	eorg	ge's	Cour	THE BUSINESS
AY IS THE AGE FILED	2/1			In .	11 NAME OF HOS	ACILITY GIVE	STREET ADDRESS)			ON	FOR MOUT	OF WORK	NO IFE		ORK 12B	OR INDU	ISTRY
D N O S	10	Clin		SING HOME OF	Souther OTHER INSTITUTION G	Mar Mar	yland I	HOSPI	tal		U	nemp	loye	D		No	one
AND RETA RECO	35	Maryla:	nd	136 COUNT	PG	13c CIT	restvi		-	NO 🗌	1911	ADDRES <b>Tano</b>	w P1	ace	. 20	0747	
MD 3 3 3 4 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	171	FATHER'S NA	ΜE		WIDDIE		LAST		15 MOTHER'	T	NAME	MID	DDLE			LAST	
T., BALTIMORE, M NURS AFTER DEATH 1B. GIVE PAGES 1, WITH FORM PM IT PAGES 1 AND 12, DIVISION OF AUD		Frank WAS DECEAS	ED EVED		L.	New	by	VNO	Ber:	nice			ADDRE		right	<u> </u>	
BALTIMORE S AFTER DEA GIVE PAGES IITH FORM P PAGES I AN	11	(YE) NO OR UNK	NOWN	(IF YES GIVE W								1011					
ON ST., BAI 24 HOURS A ITEM 1B. GIV LONG WITH PERMIT PAG GIENE, DIVIS	/ =	Yes	OF DEATH		one couse per line		<del>-70-18</del>	84	Frank	L. N	lewby	1911	Tar	low ]			AASE NIERVAL
AL RECORDS, 201 W. PRESTON DULD BE EXECUTED WITHIN 24 FO. "PENDING" IN PENCIL IN ITEM SED AS A BURIAL - IRANNIST PER FREATH AND MENTAL HYGIEF PER FREATH AND MENTAL HYGIEF	IAL, CREMATION, OR REMC	gove cause lying of PARI 2 OTHER	Conditions, if any, which gove rise to immediate cause (a) stating the under lying couse last  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  Cirrhosis of the liver  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20	AUTOP:	SY?			
VITAL VORD " CHIEF BE USEI NT OF H	BUR	2 la EXTERI	MAL CALLS	FWAS	216 TIME O	E INTITION		121 111	231/15/11/20/	CCUBARD						YES X	] NO []
N OF ICATE THE W THE W	RTO	UNDERLYI	NG DO	)R	HOUR A.A	MONTH	DAY YEA	R	OW INJURY O	CCORRED	(ENTER NATU	KE OF INJU	KT IN HEM	IS PART I	OK KAKI 2)		
DIVISION HIS CERTIFIC WRITING TH ARDED TO AGE 3 SHOU ATE DEPARTI	1201 PRIO	V UNDERLYIF CONTRIBU 21d INJURY WHILE AT WORK	OCCURR		21e PLACE				CATION		CII	TY OR TOW	N		COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFER DEATH, WITH THE SIATE DEPARTMENT OF HEALTH AND MENTAL HYGIENG.	BALTIMORE, MARYLAND, 21		E S NAME	Ann M	of the remoins de al causes X  Dixon,	Accident M.D.	Su Su	ucideM	Homicide TITLE (SPE DEPUTY ADDRESS R CREMATOR	y Chi	Undetermi	St.,	ner	DA SK			201
07 84 BP		(SPECIFY)	Buria		10-07-87	I.	incoln	Mem -	Cemete	erv	CITY OR TO	tlan	d	PG	Ma	ryla	and
25M DHMH 17 (VR A15 ME (		4 FUNERAL DIR	ECTOR		1661 GOOG				250	o. DATE RE	C'D BY REC	GISTRAR	25b RE	GISTRAR	SSIGN	TURE	2

### CERTIFICATE OF DEATH REGISTRAR REG. NO. DEFEASED NAME LAST 20 DATE OF DEATH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY 13 Male Black 74 TO BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S.C. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 13a STATE 436 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Pa. Phila. Phila. 3112 W. Gordon Street 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Newman Sarah Weatherly 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Sarah Kirkwood 3518 Dunlop St. Temple Hill, 247-20-3885 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Carcinoma of Bile Ducts with DUE TO, OR AS A CONSEQUENCE OF Metastases Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a Hepatic Failure; H C V D; 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [] 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PAR DEPAR . 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET FACTORY OFFICE FARM ETC. AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the deceased glive on 00 t . 22nd , 1987 Oct 16987 that (I (we) lost sow the deceased glive on OCT. 22nd, obove, (1) (we) (did) (did not view phobody ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Victor S. Chupkovich, M.D. 9131 Piscataway Rd., Clinton, Md. 20735

10/27/1987

FOR

- STATE

23a BURIAL CREMATION, REMOVAL

Burial

16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

236 NAME OF CEMETERY OR CREMATORY

Chelten Hills Cem

26 HOUR

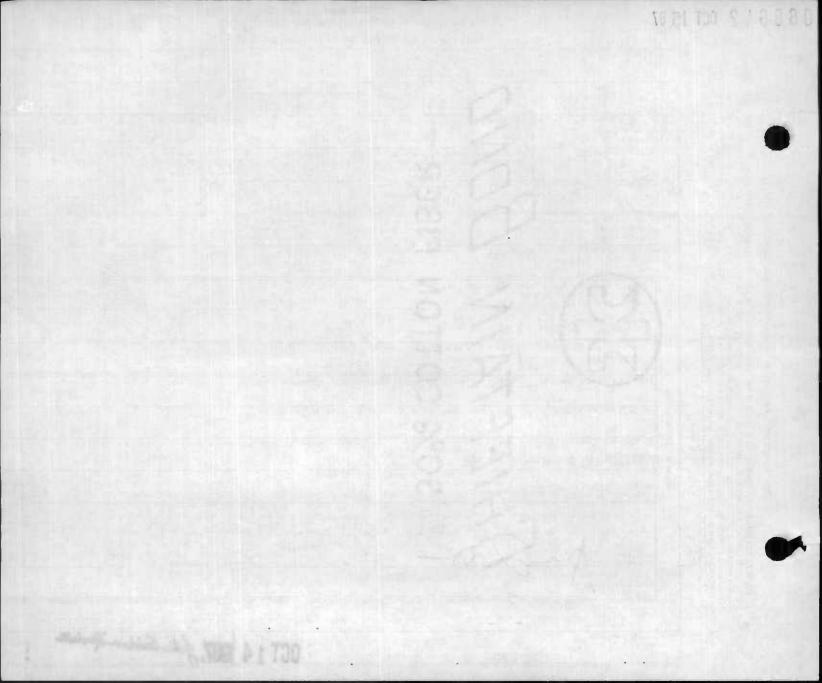
Oct. 23rd/87

Philadelphia, Phila.

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

078173 0012887 # FO/LIFY- 5C-0 Contract Contract Postocol

0686	4 2 OCT 1	5,87 <sub>DR</sub>			DEPARTA	STA	TE OF A	ARYLAND AND MENTA	L HYGIEN	NĘ	3 0	14	18	
		- STATE REGISTRA			DICALE	XAMIN		ERTIFICAT	E OF DE		REG NO	1	- 2	
		1 DECEASED N			MIDD			AST		OF ES	STI		AY FEAR	26 HOUR
	OR O	2 CEV	Kevi.		Sylves	ter AGE LINYE		ewman	050011100	DEATH MA	ATED []	10/1	1/1987	M
C	PLE FILE FOR FILE FILE FOR FILE FILE FILE FILE FILE FILE FILE FILE	MALE	BLACK	6 12	64	23 YE	MONT	DER I TR IF UN	DER 24 HRS	PRONOUNCE DEAD	D	10/	11/, 87	10:44
0	NA THE	70 BIRTHPLACE		76 CITIZEN OF WI	HAT COUN	RY?	8 MARR	ED NEVER M	ARRIED X	9 BALTIMORI	E CITY OR			
	型影響之	MARYLA		US			WIDOW	ED DIV	ORCED	Prince				
	T PAGE	Chev	verly		eorge	's Gen	eral	Hospita	1 R	UAL OCCUPATI LSABLEI	15.5	WORK 12b	OR INDUSTI	
21201	AND SECOND	MARYLA			112. CITY	JMBIA	ON)	YES NO	0 642	7 AUT	UMN C	GOLD	2104	45
RE, MD	100000	ROBE		MICOLE S.	NI	ÉWMAN		FANN		MIDDLI		SAN	DERS	
ALTIMO	APTER I	NO OR U	ASED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	165 SOC	IAL SECURITY	YNO.	CHART		A	DDRESS			
01 W. PRESTON ST.	D BE EXECUTED WITHIN 24 IN THE MENDENGE IN THE MENDENGE ASAMINER ALONG THE MENDENGE AS A BURRAL TRANSIT PER PROPERTY AND MENTAL HYGIELD CREMATION, OR REMOVAL	Cond gave caus	DEATH (Enter a IDEATH WAS CAUSE IMMEDIA IMMEDI	ATE CAUSE (a) DUE TO, OR (b)	AS A CON	SEQUENCE (	OF	tiple In	juries			-	APPROXIMATE	INTERVAL TANU DEATH
DIVISION OF VITAL RECORDS, 201 W	BE EXECUNDING" I NDING" I NEDICAL E NEDICAL E NS A BURILTH AND SERWATIO		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO											
VITAL RE	SHOULD CHIE A CHIE A CH	TIFIC	OF OPERATION										O AUTOPSY	
10F	ATE WEN THE MEN										OR PART 2)			
DIVISION	TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE CHAPTER DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYDAND, 21201 PRIOR TO BURI	WHILE	CONTRIBUTING CAUSE OF DEATH 10:25RM 10/11/1987 driver in auto/auto collision  Tid INJURY OCCURRED WHILE NOT WHILE STREET FACTORY HARM, ETC.) AT WORK AT WORK  TO ADWAY  TO ACTION STREET Balto.—Wash. Pkwy. Landover, Pr.								Pr. G		Id.	
-	AMINER: STIFICATE, DE FORV RECTOR: F WITH THE S' RYDAND,		certify that I taok char esulted fram Nati	ge af the remains des	Accident	E7-1	-Autop	, Hamicide		Inquiry		n my apinia	n	
	ICAL EX. SHOULD SHOULD SAAL DII EATH, W	ACTUAL	IRE AM	(1)	7	~	M	Deputy (	Chief	DICAL EXAMINE	R	DATE SIGNED_	10/12	2/87
	EXECUTI PAGE 4 TO FUN AFTER D BALTIMG	(TYPE OR	PRINT MATION REMOVAL	Ann M. Dix			AFTERY O	ADDRESS11		St., B	alto.			
07 84	ВР	ЕМТОМВ		10-17-87		ARYLAI				AUREL		MARY	LAND	ATE
25M	DHMH 17	24 FUNERAL D		ADDRESS					ATE REC'D B	Y REGISTRATO 7	SE RECTISTE		ANDEL	-
	(VR A15 ME (5 )		PHILLIP			NROE	ST.	UG	14	98/294	Wheel,			9



070839

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

839	NOV -	5.8	ASED NAME FIRST	ARGARET E.	NEWMA	AS1 N	20 DATE OF DEATH MON M		26 HOUR 3.45P
4 400		2 22		Elizabet 4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)		M IF N IFR - IN
De Am		Fe	emale	White	MONTH		75 YRS	MONCHE RATE	HC X MN
F + 2	47		RTHPLACE IN SITE REGREGA COUNTRY! ashington D.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	PRINCE GEORGES	TY OF DEATH	MD
1	20	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE INDUSTRY	BUSINESS OR Home
Manual Services	35	13a S	ALRESIDENCE IF NURSING HOME OR STATE 136 COUNTY P. G		N	13d INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS / ZIP CO		4
1 12	127		THER'S NAME	MIDDLE LAS'		IS MOTHER'S MAIDEN NA	ME MIDDLE	IA.	
1 11	(a)		Robert	Sanford	d	Margare	et	Ker	rnan
Daniel of Party	medical			MED FORCES? E WAR OR DATES)  16b. SOCIAL SECUI  577-26-72		Joan M. New	man (Daughter)		da Court e, Md.
front b	and the		PART I DEATH WAS CAUSE						ANSE 21 236
th contra	and control		IMMEDIAT	DUE TO ORAS A CONSEQUE	1		t		
he day	monton r troun		Conditions, if any, which gove rise to immediate cause a stating the	DUE TO, OR AS A CONSEQUE	NCEOF	winary	tract infaction	n	
of by	or other		underlying couse lost	ONDITIONS CONTRIBUTIONS OF	dra	tun	AND THE ASS OF CONDITION OF	INCENTIBLE ADT 1	
2.5	4 1	20	201.	vacuu 410	. 0	0	TINAL DISEASE OR CONDITION C	IVEN IN PART TO	
Se law Not bee	19	TIFICAT	190 DATE OF OPERATION	A CONDITION FOR WHICH			IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	
CLASA 7 physic refigures	15	AL CER	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR AM. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER WA' RE OF YOUR WIEM)	E PAR' R PAR	
Person the by	N Par	MEDIC	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA		211 LOCATION	'+ JR ' JWN	LINIY	TATE
ENDING Sel or of	A STATE		_	tal attended the deceased from	7	13 19 86	to PRESENTING		hot I (we lost
Parent of the control	Dept of		abaya Hime (did) (did no	t view the body after death		DEGREE	MEDICAL STAFF	Th DATES	
FAL SAE dete	ž 2		1 / Mul	MUMIT		PHYSICIAN [	DIRECTOR PHYSICIAN	10/0	1/8/
HOSP Tune	PORTA /		Dr. Wal			Prince Geor	ge's General Ho	spital, C	
日本 共中	1 3		BURIAL, CREMATION, REMOVAL	236 DATE 231 N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	JUNTY	Md.
BP	_		Burial			vet Cemetery		). C.	
DHMH 16 6				Sons Funeral Ho		· · · ·	V O A 1007	a Deviden	A .
(VRA 15	, 4)	4	739 Baltimore A	venue Hyattsville	e, Mo	1. 20781	190/ 8	- Branca V. I	1

1.5-11-12-17

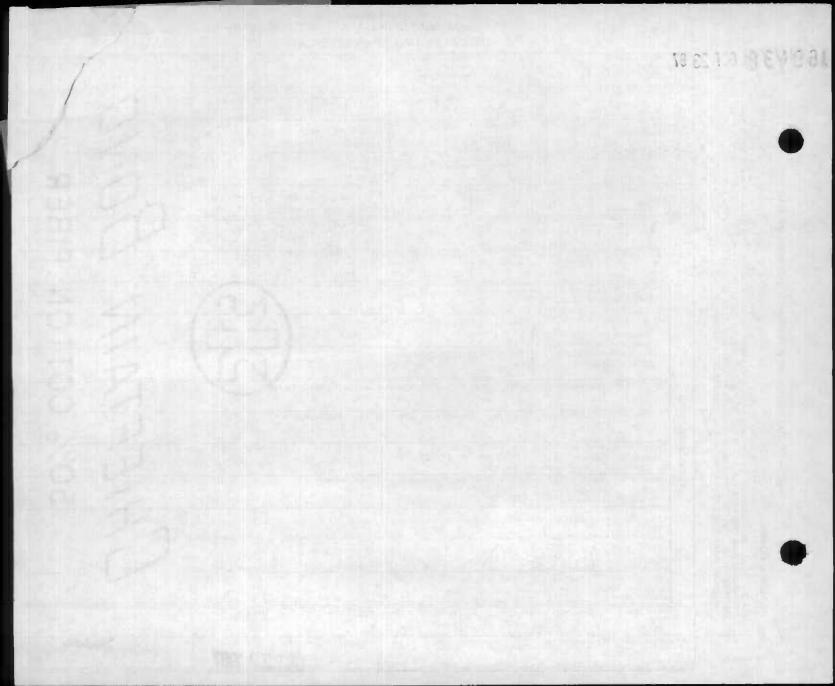
(VR A15 ME (5))

6009 Harford Rd., Baltimore, Md.

T- STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, MEDICAL EX AMINER'S CERTIFICATE OF DEATH

		REGISTRAK		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71071	-//////////////////////////////////////	-11		CAILO	IDEM	K	FG NC		V
23	167	CEASED NAME	FIRST		HENR	IK		LAST		1	OF EST		H H	AR 76 HOUR
	20		RAL	F	XXXX	KXX	NORD	BERG			DEATH MAT	co 8	-16 -87	٨
	3 SEX			DATE OF BIRTH MONTH DAY  Apr. 7, ]	YEAR 1963	6 AGE IIN YEA LAST BIRTHDA 24 YR	YS MUN	MDER 1 YR	IF UNDER		PRONOUNCED DEAD	10	-17-87,	2:19P
9	7a BIF	REIGN COUNTRY		L CITIZEN OF WH	IAT COUN		8 MARR	IED NE	VER MARRI DIVORCI	ED X			UNTY OF DEATH	
7		ew York		U.S.A	PITAL, NUI	TREE ADDRESS	OR OTH	HER INSTITU		120 USU	AL OCCUPATIO		ORK 126 KIND OF OR INDU	BUSINE STRY
-	Contract of the last	I DECIDENCE		5500 blk				е		Man	agement		Market	ing
1	1.10. S1	L RESIDENCE (IFIN	13b, COUNTY Cande			OR TOWN		13d INSIDE (	NO [		et address 5 Yardl	ev Rd.	08034	99
11	FA	THER'S NAME		MIDDLE		LASI		15 MOTHE	R'S MAIDE		WIDDLE		LAIT	7
1		Leif	Hen	rik	Nord			Eva					Schulc	е
ζ		AS DECEASED EVI	I (IF YES GIVE WA		16b SOC	IAL SECURITY	NO.	17 INFORA	THAN	Che	cry Hi1	PRES N.J.	•	
		No			058-	40-9474	4	Leif	H. No		rg, 111			
	NO	cause (a) stati lying cause la	a immediate ing the <u>under</u> ist	DUE TO, OR A		ISEQUENCE C		E DR (DNDITIO	N GIYEN IN PAI	RY 1 a				
T	IFICATI	190 DATE OF OPE	RATION	196 CONDIT	ION FOR	WHICH OPERA	ation v	VAS PERFOR	MED?				20 AUTOP	
7	MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING [	CAUSE OF DE	216 TIME OF HOUR A.M ATH P.M. 21e PLACE O	10 <del>-</del>	8/ 19	S	ow INJURY  ubject			ature of injury in	ITEM 18 PART O		,
	ME	WHILE AT WORK	WORK X	edge (	_	swamp	55		c. Gle	en Av	enue Pr	ince G	eorge's	Co., Md
		220 I certily the death resulted fro		couses .	Accident		Autor	Hamie	Inspection		Inquiry I	and in my	y opinion	
		ACTUAL SIGNATURE	May	es Mon	ey	mel	^	ASS	PECIFY) Lstant	MEDI	CAL EXAMINER	DA SIC	TE 10-18	<del>-</del> 87
-		EXAMINER'S NAM	Mar Mar	garita A.	.Kore	11,M.D		ADDRESS_	111 F	Penn	Street			
	230 BU	JRIAL, CREMATION PECIFY) Burial		DATE t.31,1987		lover B		OR CREMATO	ORY	10.00	CATION PRIOWN Alfred		rk, Mai	STATE NO
	RÓ	PRESON DIRECTOR							250 DATE R			REGISTRAR	SSIGNATURE	



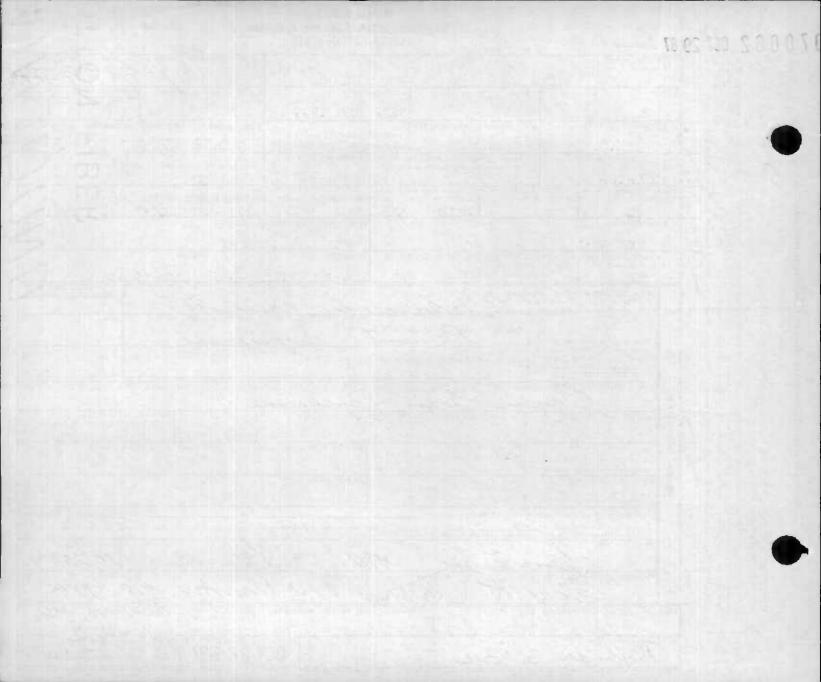
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

T 29	87	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG		5. NO	· Con					
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEAT		DAY MEAR	2b HOUR				
	TYPE	E OR PRINT)	ZZIE M	ì	NORWOOD		10/2-	4/87	4:38 6				
	3 SE		4 RACE	5 DATE		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF INDER YEAR	IF INDER . 4 HR				
		F	В	SEPT		78	YRS	WONTHS TIAYS	HOURS MIN				
21		IRTHPLACE   TATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH					
16		N.C.	USA	WIDOWI	ED N DIVORCED	PRINCE	GEORG	ES COU	NTY MD.				
7/	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCUP			BUSINESS OR				
į ()		CLINTON MD			ND HOSPITAL	DOMEST			PVT				
186	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  131. CITY OR TO	ORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRE							
E)		MD P			YES X NO	6200 WEST	20/70	.#918					
Par I	14. FA	ATHER'S NAME		T ZIILLE	15 MOTHER'S MAIDEN NA	ME							
1		JOHN NEAL	MIDDLE		MELISSA COVI	INGTON	.E	LAST					
00		WAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT		DRESS						
medi	I	YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	unk	ADA JEAN HOLM	MES-DAU	SAME AS	SABOVE					
the		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b),	ond Ic		-	. >		NATE INTERVAL				
vent		PART I DEATH WAS CAUSE	ED BY		sular AL	redeal	1.						
tic e	DUE TO OR AS METORISEQUENICE OF												
ather traum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	um	, Sepa	Leccio							
nlury or	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM		ONDITION GIV	/EN IN PART 1 a					
No ome of	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO		20a AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES (					
tem 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 F	PART )RPART					
rked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET	€ 174 €	DR TOWN	OUNTY	-1ATE				
m s		22a I certify that (I) (this hasp	ital) attended the deceased from	n	. 19	to		19	hat (I (we last				
2112		sow the deceased olive or	ot view the body ofter death.	, o	nd that in (my) (our) opinion o	death occurred on th	ie dote and hou	ond from the c	ouses stated				
tem		22b SIGNATURE	on when the body offer death.		DEGREE			22c DATES	IGNED				
=======================================		1 / Im	nfann	W	ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN [	10/2	25/27				
MPORTAN		m misicularing in	A. Tou	roisi	22e ADDRESS	enn. Ar	· #	18 Cp	vee				
27		BURIAL, CREMATION, REMOVAL	L 23b. DATE 23a	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	Mas	e/bopo	MO				
-		BURIAL	29 OCT 1987	LINCOL	N_MEMORIAL	SUITLAND	MD	2077	5				
7/84	24 FI	Diffender	S. Pope 261	7 PA.	AVE S.E. 250 DAT	T 28 1987	RAR 756 REGIST	RAR'S SIGNATE	ndaes.				

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENA CERTIFICATE OF DEATH

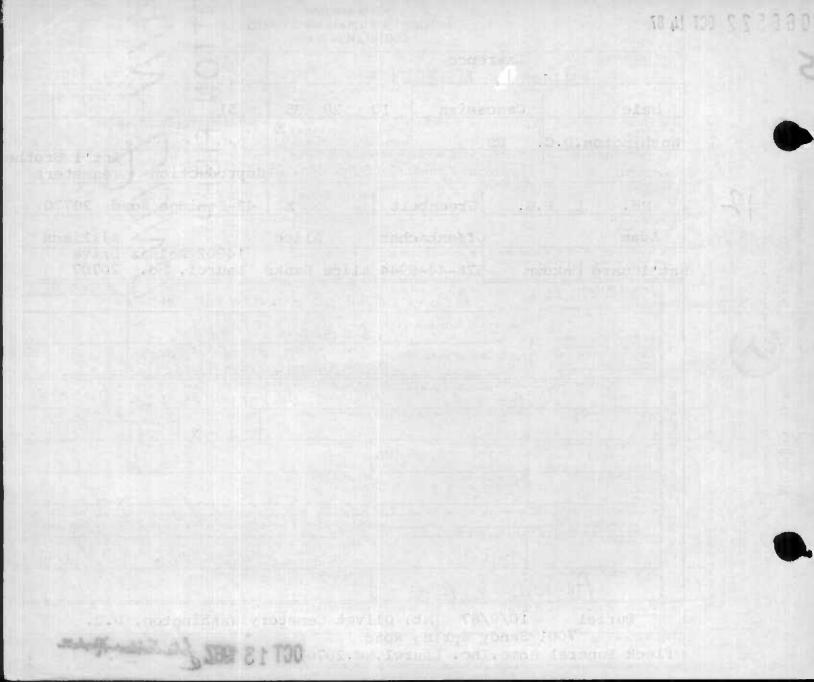
70486 NOV	2	FOR STATE FEGISTRAR			DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG N	o.	9 4	Øbn.
be oge 3	1 DE	CE ASED NAME	IARY		A.		BRIEN		10 24	87	26 HOUR I = 26PM
moy pog er de	3 SE	х		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER ! YEAR	IF UNDER 24 (18)
ge 4		FEMALE		WHITE		DEC.		84	YRS	INTH DAT	HOUR MIN.
eoth Po		RTHPLACE INLATE OR S COUNTRY) CANADA	OREIGN	76 CITIZEN OF	WHAT COUNT	MARRIEI WIDOWE	DEVER MARRIED DEVER DIVORCED	PRINCE GE		OUNTY	MD
of the day		TY OR TOWN OF DEA	ATH .			RSING HOME C	TAL CENTER (DO	120 USUAL OCCUPAT ATY)E OF WORK FOR MOST NURSE		INDUSTRY	BUSINESS OR PITAL
filled in ould be	USU 13a	AL RESIDENCE (# NURS STATE Md.	13b COUNT P.G		GIVE RESIDENCE E		13d INSIDE CITY LIMITS? YES \( \bigcirc \) NO \( \bigcirc \)	13e STREET ADDRESS CARROLL M			20782 HOME
makrii ed within mpletely ead 2 st	14. F	THER'S NAME FIRST		MIDDLE	CORMIC		15. MOTHER'S MAIDENNA FIRST MARY	WE	M	eLAUGHI	
and can		WAS DECEASED EVER YES NO OR UNKNOWN)				SECURITY NO.	17 INFORMANT MARY JOAN MO	ADDR VER	1390	KERSEY	
on ST., BALTI or certificate b ding physicior or bonoopers. or removal		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY TE CAUSE (0)	line for (a), (b	ond ich		arc tion.			MATE INTERVAL INSET AND DEATH
that the death c d by the attendir easter emove corl of, cremation or or other traumation		Conditions, if ony, gove rise to imm cause (0), status underlying couse	nediate g the	(b)		1001911	Artery	Diseas	e		
RDS, 20 equires in signe Then pl	NO O	PART 2 OTHER SIGN	PER A 1	CONDITIONS CO	ONTRIBUTING		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 1 o	
he low roon hos been to permit lene prio	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WI	HICH OPERATIO	n was performed	20a AUTOPSY?  YES NO X		WERE FINDIN ING CAUSES	
YSICIAN Tiding physicial secreticate buriol-tronsil Mentol Hygin prite is then 18 sh		21a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	214 HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	I IRPART J	
DIVISION OF NG PHYSICIA offending pi (ffer this certif as the burlol- th and Mentol orked or frem	MEDICAL	21d INJURY OCCURI		21e PLACE (AT HOME STI	OF INJURY REET FACTORY OF	FICE FARM ETC.)	211. LOCATION STREET	CITY OR TO	OWN	OUNTY	TATE
TTENDIN prolor TOR Affor use of for use of of Health		22a   certify that	allive on		25	C. L.	id that II (my (our) opinion	to death occurred on the c	ote and house		ho (we last ouses stated
At OR A the hospital Direction of the Dept Till Item		In sicraficial	t	Le	l	F	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c DATES	26/87
O HOSPITA O HOSPITA O FUNERA Nould be de with the Stot		Stoart	AME (TYPE C	fee	:15	3	22e ADDRESS 75	en belt, 1	may		
5 € 5 € 3 ₹	23a	BURIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		DONLY	TAIF
BP		CREMATION		10-26-	-1987	CHAMBE	RS CREMATORY	RIVERDA		P.G.C.	Md.
DHMH = 16 60M 7/84 (VRA 15, 4)		W. W. CHAM	BERS	CO. INC.	ADDR SI		20910 PLING, Md.	3 0 1987	256 REGISTA	m. Kade	RE

A V. CONSERVE CO. THE . STREET WHILE STREET AND THE PARTY OF THE PARTY

Fleck Funeral Home, Inc. Laurel, Md. 2070

DHMH 16 60M 7 84

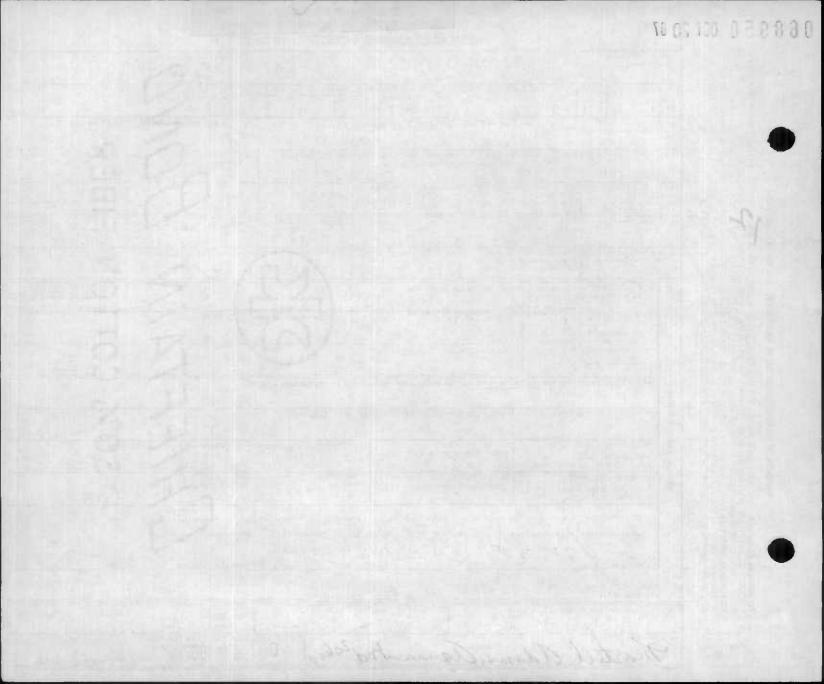
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 68243 DATE KNOWN X OF L DIRECTOR YOUR FILES V 72 HOUPS James Michael Oliver DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS 20 DATE d HOUR LAST BIRTHDAY 2:17 Male White 1987 27 DEAD Oct 1956 30 RS a M TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE THATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC USA DIVORCED Prince Georges County O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Prince George's General Hospital Painter constructio 20743 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pr George Capitol Hts 5310 Cumberland St. Thomas Russell Talbert Elizabeth Ollie Talbert. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 8007 Daniel Dr Talbert Yes Vietnam 215-64-5103 Preston E Forestville, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a., (b., and (c) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG STO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunsnot Wound of Abdomen with Complications IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSPOUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I a CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [X NO ] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM BPART OR PART 2) HOUR A.M. MONTH DAY YEAR 7 - 24 AN 9/ 28/19 8 UNDERLYING AOR subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21 LOCATION STREET FACTORY FARM ETC ) WHILE AT WORK AT WORK 7314 Landover Rd., Landover, Pr. Geo., Md. resident at 22a I certify that /took/charge of the remains described above held an Inspection \_ Homicide [1] death resulted fram Natural Eduses Undetermined manner TITLE (SPECIFY) ACTUAL 10/4/87 Assistant DATE SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10-7-87 Washington National Suitland Md PG E Wilhelm Suitland, Md. DHMH 17 (VR A15 ME (5)) Funeral Home

71260 198-997

STATE OF MARYLAND 068958 OCT 2087 PATE DEPARTMENT OF HEALTH AND MENTAL HYSENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO TO DATE KNOWN X (Joseph) OF ALBERT J. PEARMON DEATH MATED 101987 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS Diay 28 HOUR 7c DATE LAST BIRTHDAY 101987 5A M Male Black 40 47 YRS TO BIRTHPLACE INTATE OF Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTR USA Marvland WIDOWED DIVORCED Prince George's County CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Landover Central Ave. so. of Capital Beltway SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADM. SIONI 136 INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Geo Upper Marl. Maryland YES X X NO 4914 Woodford Ln. 20772 14 FATHER'S NAME FIRST Alma Henrietta Tucker Pearmon Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IF YES GIVE WAR OR DATES! YES NO OF UNKNOWN 214 38 2518 Alice Pearmon SAA 18 CAUSE OF DEATH (Enter only one cause per line for (a (b), and (c). APPROXIMATE INTERVAL BETWEEN ON! ET AND DEA H PART I DEATH WAS CAUSED BY. Head injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERT HEATE HORD EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE THE TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEPARTMENT THE STATE DEPARTMENT BALTIMORE, MARKHAND, 21201 PRIOR TO BURILLY YES X NO [] 210 EXTERNAL CAUSE WAS 716 TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4: 10xx 10-10- 1087 Driver of pick-up truck that lost control. THE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET FACTORY FARM, ETC. WHILE NOT WHILE AT WORK road Central Ave. so. of Capital Beltway. MD Prince George's Autapsy X 220 I certify that Ltook charge of the remains described above, held an death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-10-87 Assistant MEDICAL EXAMINER SIGNATURE Mario F. Golle, Jr., M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY Buria1 Harmony Mem. Garden Landover. 07 84 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 (VR A15 ME (5))



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

30427

	1 -	STATE	DEP		TIAL DIGIENE	0		•
	0.8	7EGISTRAR		CERTIFICATE OF DEA	VIH.	REG NO		
		EASED NAME FIRST	WIDDLE	LAST	2a DATE OF DE	ATH MONTH D	AT YEAR	b HOUR
	(TYPE	OR PRINT) 1////	011	PSPRV	10	-28-8	37	1225PM
		V Y ////	919 2.	1 21-1-1	4 465		-	IF UNDER IT HE
	3 SE)	A 1 1	4 RACE	5 DATE OF BIRTH	AGE IN YEARS			HOURS MIN
		Male	Cauc	1 16	1913 14	YRS		
1	7o BI	RTHPLACE ATE ON FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	9 BAITIMORE	CITY OR COUNTY	OF DEATH	
6	10	OUNTRY)	11 6.	MARRIED NEVER MAI		7		
1	Pi	1130U19, PG.	U.J.	WIDOWED DIVO		. 5	Tan Kung Or	MD
×	10 CI	TY OR TOWN OF DEATH	III. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITU		LUPATION R MOST OF WORKING LIFE		BUSINESS OR
$\mathbb{Z}$	161	4260	MANOR CA	RE LARGOHE	ALTHICARS.	REST. MAI	Nager	
7		AL RESIDENCE (IF NURSING HOME OR		BEFORE ADMISSION)				0715
4	13a S	TATE 136 COUN	VIX 131 CITY OR	11/	- 0000	DRESS / ZIP CODE	unit a	TO RT
		Ma. P.	5. RUU		0 3409	NEWHO	OSK C	1 20
	14 FA	THER'S NAME	MIDDIE A LAS	15 MOTHER'S M		NDDIE	IAS1	
		Michael	51/1	7+1 KERRY	110	KnowN		
			MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT		ADDRESS	,	
	()	(IF YES GIV	VE WAR OR DATES) 578	-04-1501 MABI	LE PERRY -	wife - s	s/a	
			0 / 0	01 0041			¥ 4888	4 */ 10 1/ 00 1/
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line for 10 .	b and c	0		BETWEEN ON	ATE INTERVAL USET AND DEATH
			TE CAUSE TO CONO	40 - rumo	nary tr	rest		
				STOUTHURE OF	-			
	-	C (c. )	DUE TO OR AS A CONS	static Carc	noma of B	ladder	,	
		Conditions, if any, which gove rise to immediate	(b) 11C1C	S TOTTLE CONT	10/0/01	10000	/	
		cause to stating the	DUE TO OF AS A CONS	SEQUENCE OF	1	DAMA		
		underlying cause lost	1 0 1502.	mali and	· Caro	7010		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1 a	
	Z	/memia	ileactor	ny bag	Hematur	101		
7	ATI	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WW. PERFORM	ED 200 AUTOPS	Y 2 206 IF YES,	WERE FINDING	GS USED
7	CERTIFICATION						ING CAUSES C	
	RTI			Lay Manda				NO []
a		210 ACCIDENT WAS INDERLYING CAUSE OF DEA	110110 4 11 1101171	H DAY YEAR	RY OCCURRED I ENTER NA PI	TO ALDER IN U.S. P.A.	P' )RPAR .	
1	¥	IF F HER NUTTEY MEDIT AL EXAMINER		19				
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		A T WN	EGUNIY	
R.	×	N E N WHE	IA HOME THEET FACTORY C	FFK E FARM E'T		W. W.		100
				0	0 > /	0 257	03	
		22a   certify that 11 this hospi	1 - 25	EC)	19_5/10_	0 2 3	- /	nat I (we) last
		saw the deceased alive on	of view the body after death	19 8 and that in my low	opinion death occurred o	n the date and hour	and from the a	iuse stated
		22b SIGNATURF		DEGREE			22c DATE S	IGNED
		D= 1/2/10	CLAMOI		ENDING MEDICAL	STAFF	10/2	8
-		22d PHYSICIAN'S NAME CITYPE	0.000	22e ADDRESS	YSICIAN DIRECTOR	PHISICIAN []	1/-/-	0
		DAVE CO	10-CA	14200	CALLANT	TFOXL	-N.	
1		LUKE ?[-]	4150 LI	17300	67/10013	FIW S	MAZG	2715
	230 E	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CEMETERY OR CRE	MATORY 23d LOCATIO			,
	3	SPECIFYI			CITY OR I	OWN	COUNTY	STATE
		JNERAL DIRECTOR	10-28-87		250 DATE REC'D BY REG	ISTRAR 25h RECIST	PAP'S SIGNATIO	Pf
	79 F	NEKALDIRECTOR	ADD	RESS	NOV 0 2 400	- 16.	P	
		State Anatom	v Board	Balto Md	1101 02 30	Il Equita d	Jandern K	manus.

Balto

DHMH - 16 50M 4/B3 (VRA 15, 4)

State Anatomy Board

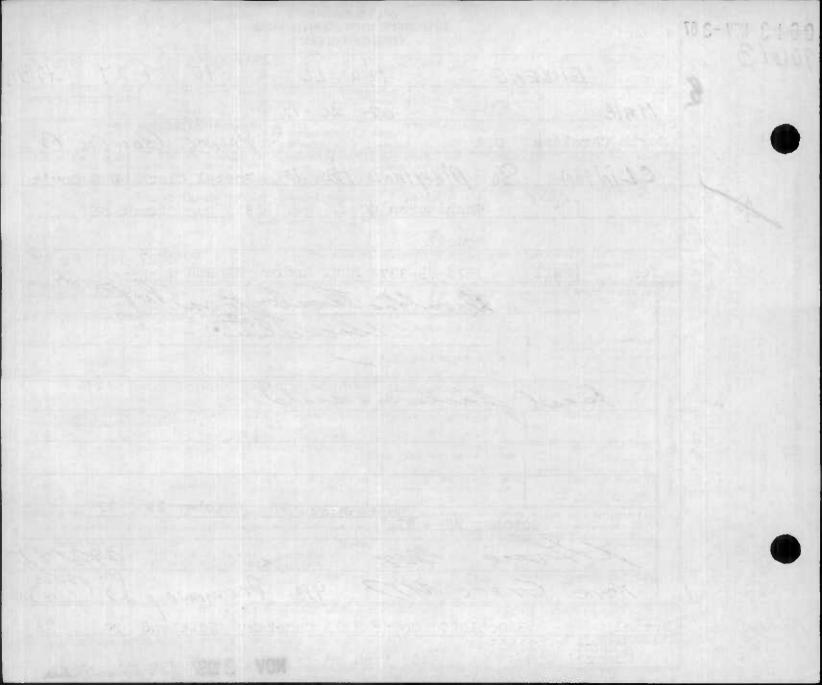
TI 27 - CY 10 07

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 070401 DECEASED NAME O DATE KNOWN 26 HOUR OF DEATH MATED IF UNDER 1 YA IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince Georges U.S.A. WIDOWED X DIVORCED Virginia 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH I MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Housewife Home Andrews 13c CITY OR TOWN Maryland 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 9110 Dandelion Lane 20772 Pr. Georges Upper Marlboro YES K NO 🗌 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE Herbert Harler Easton Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 1101 Fairbanks Ct. 577-44-1067 Charles E. Phillips No Waldorf. Md. 20601 18 CAUSE OF DEATH (Enter only one couse pe Ewola Cander PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING THE WO RWARDED TO THE PAGE 3 SHOULD B STATE DEPARTMEN 21201 PRIOR TO B YES [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM ETC ) STREET CITY OR TOWN WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFFER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SYGNATURE EXAMINER'S NAME M.D. ADDRESS 5009 Rayburn Ct . Temple Hills, MD TYPE OR PRINT guez. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION TATE 07 84 Buria] 10-29-87 Cedar Hill Cemetery Suitland P.G. Md. 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D. BY REGISTRAR DHMH 17

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md.

(VR A15 ME (51)

076401 27-207 The make the second sec THE EX ST ! 100 EO BEL 414 188 OF 100



# 06865 | OCT | 5 187 REGIST

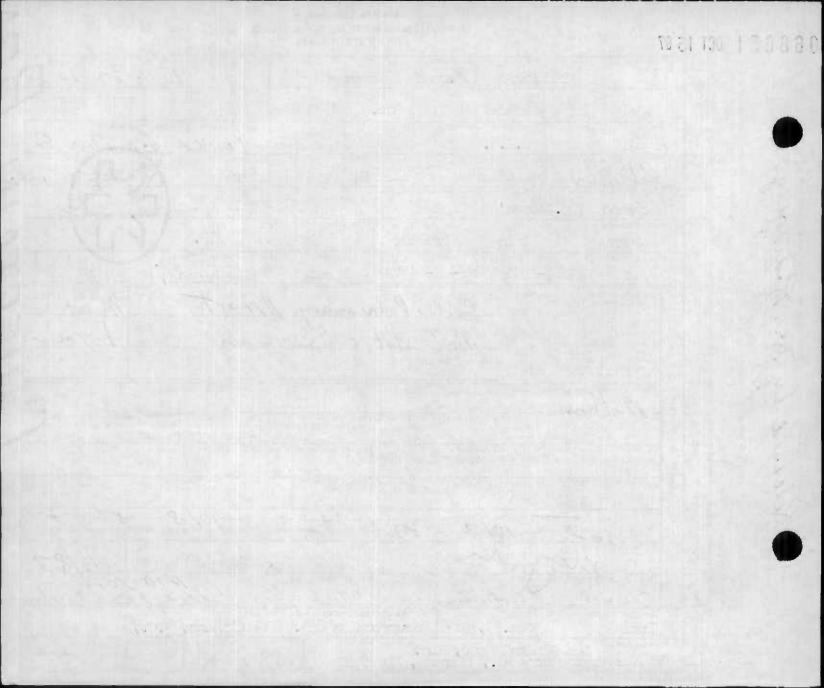
201 W. PRESTON ST. BALTIMORE, MARYLAND 21201

HOW OF VITAL RECORDS.

DHMH 16 60M 7

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

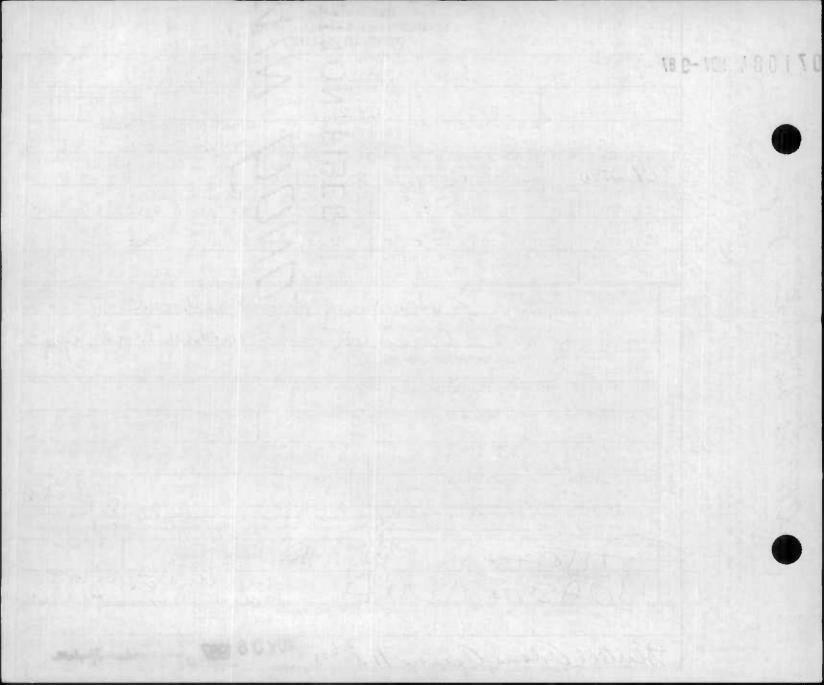
		REGISTRAR						REG. NO			
		ASED NAME FIRST	M	IDDI E	L	AS I		20 DATE OF DEATH	MON'H D	A) FEAR	26 HOUR
		Fred	derick	Jerome	P	roctor			10 8	5.87	1020
3	SEX		4 RACE		5 DATE C		m 44.5 m m	6 AGE TIN YEARS LA T BIRT	HDAY	S LOER LAR	IF N(FR
		Male	Black		Oct.	• 0^4	1941	46	YRS	20075	12.20
10	8 IR	THPLACE - TECHTORE IN		VHAT COUNTRY?	8 MARRIEI	NEVER M	ARRIED -	9 BALTIMORE CITY OF	COUNTY	OF DEATH	0
-	_	cyalnd	U.S.A.		WIDOWE	D DIV	ORCED XX	VRINCE	- (5	EORG	les to
10	CIT	CHINTON	Souther	OSPITAL, NURSING FACILITY GIVE STREET A N MD HOSP	portal		TUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Clerk			Food,
13	M.	aryland Pr.G		13. CITY OR TOWN			Туои	9537 Badge		2	0735
14	FAT	John	Alvin	Proct	or	15 MOTHER'S	Mary	^B.•		14	
160		AS DECEASED EVER IN U.S. A S NO OF INKNOWN) 11959	E IA AD D STEEL	166 SOCIAL SECUR 216-38-64		Lisa B		4413 Rena Forestvil		20746	
		8 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause a stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	Pul	nona	my 1	most		10	MASET AND DEAT
CEPTIFICATION		PART 2 OTHER SIGNIFICANT		NTRIBUTING TO D				200 AUTOPSY	20b IF YES.	, WERE FINDI	
MEDICAL CER	EDICAL	PLO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITTE THE CAUSE O	P N 21e PLACE C	MONTH DATA.  DE INJURY	19	211 LOCATIO		ED INTES MEDE . P		ų. PρΔή.	JIA
NA.		WHILE NOTWHAT ORK		deceased from	RM ET I	162-7 A	19	to 4/3/	P	0 P 7	that I was I
		saw the deceased alive o	- 113/	7 19 1		DEGREE	opinion o	death occurred on the da	te and hour	and from the	
	-					DE OWEE					grand age
		726 SIGNATURE	TU	~		P	HYSICIAN X	MEDICAL STAF		10/	9/87
			Deup	700,			HYSICIAN	Director   PHYSIC		5073	9/87 Vent
73		226 SIGNATURE	7	231 N	ame of c	P	6 00		BOD A	307	MD TATE



FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG NO	
1 1 8 1 NOV -d	100 CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR	26 HOUR
1 0 0 % 51101 3	Mary	Irene	Proctor	10/28/87	0935 <sup>A</sup>
D od o	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF LIN, IER THE	
s oft	Female	Black	01/22/05 YEAR	82 YRS	HOURS MIN
Pool Pool	To BIRTHPLACE THATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH	
	Maryland	USA	WIDOWEN A DIVORCED		ounty MD
10	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION		OF BUSINESS OR
6 6 6	CLINITON	Southern Mary	land Hosp. Cent	er .	
BATIMORE, MARYLAND 2120  Cote be executed within 24 hours system o  Fill y filled in by opers. Pos  and Mould be fill wol	USUAL RESIDENCE HE NURSING HOM 130 STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)		
ON STATE OF THE ST		arles Waldor:	f YES XX NO	Box 193 A Davis R	oad 2060
7 = 2 = 3	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		7.54
AM CLE TENDO	George Wa		ctor Mary	Regina Thompso	n
A S S S S S S S S S S S S S S S S S S S		ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
N O O O	no	218 7	4 1665 Jean Pick	keral SAA	
The state of the s	18 CAUSE OF DEATH Ente	only one cause per line for ig , (b), d		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
: 2 - 6 0 0	PART L DEATH WAS CAL	DIATE CAUSE (a)	ewive He	en a forek	
or respectively		DUE TO, OR AS A CONSEQUE	UENCE OF	A 12.	0
PRESTON ST	Conditions, if any, which		lemme, +	Comers Mil	· lysul
the cremo	gove rise to immediate cause to stating the		UENCE OF		1.0
d by eose ol. c	underlying cause last	(c)			
en pl		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART	1 a
or to y	0				
Le prince de la company de la	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
short party	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21, HOW INTURY OCCU	YES NO YES	NO 🗍
Troot Hy	CO COLUMNIA COLUMN CALLER OF		DAY YEAR	RRED LENTER MATURE OF INJURY IN TEM 8 PART - IR PART	
Aent Aent	OR CONTRIBUTING CAUSE OF	P.M. 21e PLACE OF INJURY	211 LOCATION		- 3 ·
nd A	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE		YIMUI AND SECURITY	953 Ail
The state of the s	AT WORK A WORK		10000	10.700	7
He s	saw the deceased olive	ospital) attended the deceased from		n death occurred on the date and hour and from the	that I (we lost
A THE CATE OF THE OF THE OF THE OF THE OF		not view the body after death	DEGREE .		TE SIGNED
he he he hoche	AA	Jamon /	AMENDINO	MEDICAL STAFF	VIE SIGNED
PITAL by t JERAL State State	22d PHYSICIAN'S NAME (IN	OF CO DOINTS	PHYSICIAN ADDRESS	DIRECTOR PHYSICIAN	100
O HOSP	100	CC B A	11 15 5/0	and of MEN	The
Show with MPP		55/2-1	101	squally when t	er 377640
200	230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	STATE
BP	Burial 24 FUNERALDIRECTOR	2 Nov 87 St	t Ignatius Ch Ce	em Oxon Hill, P.G.	Co. MD
DHMH 16 60M 7 84	man topo /	Adam A ADDRESS	m 20608 110	V 0 6 1987	



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

. . .

3 0

1	- G	7REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO			
- 5	DE	CEASED NAME OR PRINT)	GEOR		AIDDLE		YLE	20 DATE OF DE		1-87	26 HOUR 10 30 AM	
		Male		4 RACE Caucas	ian	Feb.		6 AGE LIN YEARS	LAST BIRTHDAY	I WER HEAR	II INITE LINE	
7		South Caro	lina	United	States	MARRIE			CE GEORG	E'S Cou	- 1110	
4		CHEVERLY		PR'INCE"	GEORGE'S	*HOSP	ITAL CENTER	120 USUALOCC (TYPE OF WORK FOR Milita:	MOST OF WORKING	INDUSTRY	overnment	
5	1	Maryland		eorge s	136 CITY OR TOW Bowie	ADMISSION)	13d INSIDE CITY LIMITS? YES MO		RESS / ZIP COE Kornett	Lane 2	20715	
/	I	THER'S NAME FIRST		mooit ederick	Pyle		15 MOTHER'S MAIDEN NAME FIRST	MI	DDIE	Murr	ay	
		VAS DECEASED EVER (ES NO OR UNKNOWN) YES	(IF YES GIV	MED FORCES?  YE WAR OR GATES)  TECT	225-46-	-	Harriett H.		531 Korn	20715		
		18 CAUSE OF DEATH (Enter only one couse per liprotor (a), (b), and (c)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, gove rise to imm cause (a), statin- underlying cause										
	TION	Chmu	· Ve	Cual	Jailin.	re		Sstrictu	i Leve	9 din	are	
2	CERTIFICATION	19a DATE OF OPERAT			<i>y</i>	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FIND! IFYING CAUSES (ES ]		
7	MEDICAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING C (TE EITHER NOTHY MEDIC	AUSE OF DEA	P./	m. month da m	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	B Mati M vanton to	PARI RPARI		
	MED	21d INJURY OCCURR		21e PLACE (	OF INJURY BET LACTORY OFFICE F.	ARM ETC )	21f LOCATION STREET	C 17	YORTOWN	INTY	TATE	
		22a   certify that (I) saw the decease above / (I) (we) (d	d alive an	not 2	after death		nd that in (my) (our) opinion o			/		
1		22d PHYSICIAN'S NA	ME (TYPE)	0	MDI	VIRC	27e ADDRESS	DIRECTOR F			30-87	
		SURIAL, CREMATION, I	REMOVAL	21 NGL	23€ №		7525 Greenwa	23d LOCATIO	N	- Auto	11116	
34	]	Burial MERAL DIRECTOR	Ma	NOV 3	16000 An	nepol	and the second s	en Arlin EREC'D. BY REGIS	TRAR 256 REGIS	STRAR S SIGNAT	TURE	
	Be	eall Funer	it Ho	me	Bowie, M	D 20	715-3043 NOV	104 198	7 Julia	Dividor	Knodallo	

DHMH 16 60M 7/84

IMPORTANT If Item 21 is marked or Item 18 shows any injury, or other traumatic event the medical

(VRA 15, 4)

BP

Jago Call . deta imbrare del Maryland Dr. George's Toyle TALES OF THE PARTY TO SEE THE PARTY OF THE PARTY OF THE PARTY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 30 7 0 2 3 5 OCT - STATE OG OFFISTRAR TO DATE KNOWN TYPE OF PRINT OF Leonard DEATH MATER Pvles IF UNDER 1 YR F UNDER 24 HRS 20 DATE 7d HOUR MONTH :40 PRONOUNCED 8 63 BLACK 9 MALE DEAD 198 BIRTHPLACE I TATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY . U.S.A. washington, D. C Prince George's County WIDOWED [] DIVORCED AIN PAGE S LD BE FILED ROS, 201 LCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE OR INDUSTRY Prince George's General Hospital Cheverly USUAL RESIDENCE OF IN NURS 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 13c CITY OR TOWN SILVER SPRINGYES X NO [ MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LESLIE BELVYN HARDY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN BELVYN HARDY PYLES-1927 E. W HIGHW UNAVATLABLE LINKNOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c) APPRIXIMA E INTERVAL BETWEEN ON ET AND DEA H PART I DEATH WAS CAUSED BY. Gunshot wound of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO PROBE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIANT YES X NO I 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR 25 10 87 1 XX CONTRIBUTING CAUSE OF DEATH Subject shot 21e PLACE OF INJURY LATHOME 21f LOCATION 214 INJURY OCCURRED STREET FACTORY FARM, ETC.) STREET CITY OF TOWN WHILE NOT WHILE X COUNTY STATE 1427 9th St. house Glen Arden. P.G. MD Autopsy X 22a I certify that Hoak charge of the remains described above, held an Inspection and in my opinian Homicide X death resulted b Notural course. Undetermined manner TITLE ISPECIFY **ACTUAL** DATE SIGNED 10/25/87 EXAMINER'S NAME Dennis F. Smyth, M.D. Balto.MD. TYPE OR PRINT Penn St. ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY SUITLAND, MARYLAND 10-28-87 NATIONAL CEME. BURIAL WASH. BP 07 84 25M 25 PEGISTRARS GIGNATURE (1) FUNERAL HOME, 3447 BACON (VR A 5 ME (5))

		FOR	-			YGIENE	3 0 4	.5
168 nrt.	13-	STATE				-	0000	
100 001		CEASED NAME FIRST		WIDDLE	LAST		- 1	DAY YEAR 25 HOUR
SES. ET,	-{ TYP	SCORPRINT)	5 5	. Oun	itchette	Of	ESTI	6- 10 87 N
R FILL HOU STREE	3 SEX	4 RACE 5	DATE OF BIRTH	YEAR (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER		CED	DAY 11 24 HOUR
ARY NOT TON	17		MAY 4, 1	1956 31 31 YRS.			10-	6 19/1/A M
PRES PERA	FC	REIGN COUNTRY)		IAI COUNTRY?		IED U	Acceptance .	TY OF DEATH
Z 5 5 5				7 0				MD
700 m /	CI	HEVERLY	NAME OF HOS	Citity Give street advicess)	eral for pile	FOR MOST OF WORK	(ING LIFE)	OR INDUSTRY  PRIVATE
ANY CANY CANY CANY CANY CANY CANY CANY C	130 S	ATE 1436 COUNTY	OTHER INSTITUTION GIV	136. CITY OR TOWN  LANDOVER	13d INSIDE CITY LIMITS?			AGE DR
H. H.		EIDET	MIDDLE	IAST	15 MOTHER'S MAIDE	EN NAME		LAST
SES PAR PAR		SEPH	C	UINITCHETT	E UNKNOW			
PAC ORA ON O	16a V	5, NO OR UNKNOWN) I (IF YES, GIVE WA	D FORCES?	166 SOCIAL SECURITY NO	D. 17 INFORMANT		CANDOVER	R MARYLAND
S AFI		NO n/	a	188-44-55	64 JOCELYN	QUINITCH	HETTE 180	6 DUTCH_VI
383 ⊾0				far (a), (b), and 9	nine del		1	APPROXIMATE IN
AMANAMA			CAUSE OF	jece rec 11111	10.100 /2/18.00	erry Sym	11 cm	
22475		Conditions if any which	DUE TO, OR	AS A CONSEQUENCE OF	-	/		
		gave rise to immediate	(b)					
DESCRIPTION OF THE PERSON OF T		lying cause fast	DUE TO, OR	AS A CONSEQUENCE OF				
		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ATRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PA	RT 1 g		
SA SEE	N N	Ema Wate Br	7					
34,783,1	18	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION	ON WAS PERFORMED?			20 AUTOPSY?
385255	Ē							YES NO
THE SERVICE	I CER	UNDERLYING OR	HOUR A.M.		HOW INJURY OCCURRE	D LENTER NATURE OF MIL	JRY IN ITEM 18 PART 1 OR PA	RT 2)
FACE AS	200			DE INJURY (ATHOME 12	IL LOCATION			
WRITE WARDET VACE 3 TATE DE 21201 P	ME	WHILE NOT WHILE AT WORK			STREET	CITY OR TOW	/N (O	UNTY STATE
S H S S H		22a I certify that I taak charge o	of the remain desc	cribed above, held an	Autapsy , Inspectia	n Inquiry	and in my or	oinian
A FEE		death resulted Iram Natural	causes .	Accident, Swelde	Hamicide .	Undetermined mai	nner .	
MAR WILL		ACTUAL Street	· XX	2,,,,,, /	TITLE (SPECIFY)			14-11-123
RATH ATH	1	SIGNATURE YCCHEM	11.0	neight	M.D. Deputy	MEDICAL EXAM	INER SIGNE	0/060
MEDIC ECUTE GGE 4 S FUNE TER DE		EXAMINER'S NAME Augu	sto P. R	odriguez, M.I	ADDRESS_5009	Rayburn Ct	, Temple	Hills, MD
BATPET		PECIFY)				23d LOCATION CITY OR TOWN	COU	NTY STATE
BP	0.5		V			LANDOY		MARYLAND
DHMH 17	74 FI	NAME			Lilla	REC'D BY REGISTRAR	1	IGNATURE
(VR A15 ME (5))		/4/4 LANDOVER	KD. LA	ANDUVEK, MD	.   UU	8 1987	Julia Davida	on Ludace
The state of the s	TO MEDICAL EXAMPLEE: THE CERTIF ATE SHOULD BE EXCUTE THE THE DURS AFTER DEATH. IF ANY DELAY IS PAGE 4 SHOULD BE FOR MEDICAL EXAMPLEE: THE CERTIFICATE WRITING THE WORD "PRINDING" IN THE THE TIBE THE PAGE 12, AND 31O THE PAGE 4 SHOULD BE FOR MEDICAL EXAMPLEE AND WITH FORM PM 3, RETAIN PAGE AND SHOULD BE FILED AFTER DEATH, WITH THE STATE OF PATHAMENT AND SHOULD BE FILED AFTER DEATH, WITH THE STATE OF PATHAMENT AND SHOULD BE FILED AFTER DEATH, WITH THE STATE OF PATHAMENT AND SHOULD BE FILED AFTER DEATH, WITH THE STATE OF PATHAMENT AND SHOULD BE FILED AFTER DEATH.	TO MEDICAL EXAMINEE THE CERTIFICATION  TO FUNERAL DIRECTOR  PAGE 4 SHOULD BE FORWARDED TO THE MIDITION OF VITAL RECORDS, 20 W PRESTON STREET, BATTIMORE, MARY LAND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE CHARACTER DEATH WITH THE STAT	J SEX  A RACE  BLACK  BLACK  Jo BIRTHPLACE (STATE OR FORMEN COUNTRY)  NEW YORK  IO CITY OR TOWN OF DEATH  CHEVERLY  USUAL RESIDENCE (IF IN NUMBING HOME OR FORMEN COUNTRY)  MARYLAND  P G  THE FIRST  JOSEPH  Ide WAS DECEASED EVER IN U.S. ARME  INMEDIATE  Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.  PART I DEATH WAS CAUSED B  IMMEDIATE  PART I OTHIR SIGNIFICANT (ONOITIONS CO)  WHILE AT WORK  IT OTHIR SIGNIFICANT (ONOITIONS CO)  BURLAL  IT OTHIR SIGNIFICANT (ONOITIONS CO)  IT OTHIR S	BLACK  BLACK  MAY 4, 1  JOSEPH  ONLY BLACK  MAY 4, 1  JOSEPH  CHEVERLY  JOSEPH  JOSEPH  CHEVERLY  JUSUAL RESIDENCE (# IN NURSING HOME OF OTHER INSTItution) on 1  JOSEPH  JOSEPH	DEPARTMENT OF HE, MEDICAL EXAMINER    DECEASED NAME	MEDICAL EXAMINER'S CERTIFICATE OF MODILS   MODIL	DEFERRATION OF HEALTH AND MENTAL HIGGING MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH CONTROL OF MEDICAL EXAMINER'S CANADA CONTROL OF MEDICAL	DEPARTMENT ON HEALTH AND MENTAL HIGHEN  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DEPARTMENT ON HEALTH AND MENTAL HIGHEN  120 DATE KNOWN   10

1: 6-10 68 1880 the three parties of the second Market to the officer of fractions WENT WELL STORY D. Krigness C. Bonff Cree, L. S. S009 Inches CE , Temple Ulif. III

#### 20 DATE OF DEATH MONTH EASED NAME FIRST October 30, 1987 RAMAMURTY Devi Ganga & AGE (IN YEARS LAST BIRTHDAY) 4\_RACE 5 DATE OF BIRTH 3 SEX MONTH YEAR Female East Indian June 14. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COHNTRY Prince George's County India WIDOWED 🔀 DIVORCED | India HE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctor's Hospital of P.G. County Homemaker SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 6405 Bray Street NO [ P.G. Co. Lanham Maryland IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Shankar Alamelu 16b SOCIAL SECURITY NO 17 INFORMANT 8605 Aqueduct Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) (YES NO OR UNKNOWN) Ram N. Rajan (Son) Potomac. Maryland 20854 No None 18 CAUSE OF DEATH (Enter only one cause per line for 10 , 1b , and 1c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO X buriol-transit p 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART ! OR PART ! HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY the bud AT HOME STREET FACTORY OFFICE FARM ETC ) WHILE NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from\_ 10/30/87 saw the deceased alive on\_\_ and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS KENILWORTH AUE, SUITE should be with the DSH IVERDALE, MD SUT3-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

Cremation

- STATE

REGISTRAR

24 FUNERAL DIRECTOR W. Chambers Co., Inc. Riverdale, Maryland

23b DATE

Riverdale, P.G. Co., Maryland Chambers Crematory 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2h HOUR 3:53 P

126 KIND OF BUSINESS OR

IF INDER LAHRS

IF UNDER 1 YEAR

N/A

206 IF YES, WERE FINDINGS USED

YES

IN CERTIFYING CAUSES OF DEATH?

221 DATE SIGNED

YRS

					1
			rus mires		200
. Watto a total	et es ire				1516
0000		Timbes .o.T	to Butteroll a tea		
Coyod ( round)				.00 .0.5	
(100)	la				
mo dell'assi	Har (Jen)		E 102-ME		

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

010 000	٦ -	REGISTRAR					CERTIF	CATE OF	DEATH		REG. NO	0		
may be page 3			SIE		T.			OLPH		2ª DATE O	F DEATH	MONTH /	S 87	11:00 A
ge 4 may ector pa rs after d	3. SE	FEMALE	4	RACE	.CK		OCT.	F BIRTH	19'3'1	6 AGE (IN YEARS LAST BIRTHDAY) 1 NS			IF INDER YEAR	IF INDER , a HRS
merol drin n 72 hou		ORTH CAROLII		UNITED		9	MARRIEE WIDOWE		MARRIED	PRII	PRECITY O	SEUR	Y OF DEATH	autymo
by the fu	C	LIN TON		SOUTH	ERN	MA	RV/A	ND H	OSPITA	HOUS	OCCUPATI EWIFE	ON OF WORKING I	IPE KIND O INDUSTRY PRIVA	
filled in hold be	MA			E GEO.	GIVE RESIDENCE 13. CITY OR TEMPL			YES 😿	NO [	13° STREET 3209	ADDRESS Dalla	ZIP COD S Dri	Eve 20	748
impletely ond 2 s	F F	THER'S NAME RANK <sup>EIRST</sup>	MI	DDIE	THÔ	RNE			'S MAIDEN NAM	ΛĒ	MIDDIE		MOO	RE
mid co		VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	166 SOCIAL 578 5			17 INFORM JAMES	HODD		ADDRE		r.Temle	Hill Md.
low requires that the death as been signed by the attend remnt. Then please remove ca exprior to burial, cremation, a	CERTIFICATION	Conditions, if ony, we gove rise to immed couse (a), stating underlying cause  PART 2 OTHER SIGNIFICATION DATE OF OPERATION	liote the last	DUE TO, OR  (c)  DNDITIONS CO		EOUEN Hes TO DE	NCE OF  S  EATH BUT  URP	Se 15	S ASC	200 AUT	G /	706 IF YE	ed GLE S, WERE FINDIN IFYING CAUSES	Black OF DEATH?
R ATENDING PHYSICIAN The hospital or attending physician IRECTOR After this certificate had far use as the burial-transit part of Health and Mental Hygier tem 21 is marked at tem 18 show	MEDICAL CERTI	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (I) ((w) (did) 275 SIGNATURE	SE OF DEATH EXAMINER)  (i)  (iis hospito	P.A  Ple PLACE ( (AT HOME STR)	M. MONTH M DF INJURY EET FACTORY OF	FFICE FAI	19 RM ETC)  SCP 7 on	III LOCATI			ITY OR TO	RY IN ITEM B	LOUNTY	
TO HOSPITAL O	730 E	1770 PHYSICIAN'S NAMI Halen (	CAPO		>	23c N		27e ADDRE		775 A	Ca # /	IAN 🗌	Oct 2013	15-87 N MARYlog
BP		BURIAL		10/20/	87	CEL			METERY	SUI	TLAND	PG	MARY TRAR'S SIGNAT	
DHMH = 16 60M 7/B4 (VRA 15, 4)		WERAL DIRECTOR AL	EXANI	DER S.	LL 261	7 P	a Ave	SE DO		T16	1987		Davidson	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

poge r

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

97STATE DECEASED NAME MUDDLE 20 DATE OF DEATH MONTH 7b HOUR SEPE OR PRINTS 1987 1:49P September 4. 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF INDER YEAR Sept. 4, 1987 Male Black. Newborn To BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Marvland Maryland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Prince George's Hospital Center Cheverly None None JOUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION street address — Green Dr. 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? PG Maryland Landover YES X NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST FIRST Tyra Denean Rankin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I HE YES GIVE WAR OR DATEST No No None APPROXIMATE INTERV 18 CAUSE OF DEATH Enter only one cause per line for a board c NEDUATOUR PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 103 Conditions, if any, which gove rise to immediate cause a stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 7De AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES NO T 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED I ENTER NAT RE OF INJURY IN TEM 8 PAR OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY STREET AT HOME STREET FACTORY OFFICE FARM ETC ) WHILE NOT WHILE 22a I certify that 1) (this hospital attended the deceased from saw the deceased alive an. and that in (my) (aur) apinion deoth accurred on the date and have and from the causes stated did I did I did not; view the body after death TIE SIGNATORY DEGREE 20 DIATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 220 PHYSICIAN'S NAME (TYPE ORPR) 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION CITY OF TOWN

DHMH 16 50M 4/B2 (VRA 15, 4)

BP

DIRECTOR

a

00

ö

-

With the Stone

ld b 3 =

24 FUNERAL DIRECTOR

STATE

ADDRES

NOWTHERE OF BIGGSTRAR 250 REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers-Pages, hand 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

nowfied of ance.

071308

FOR

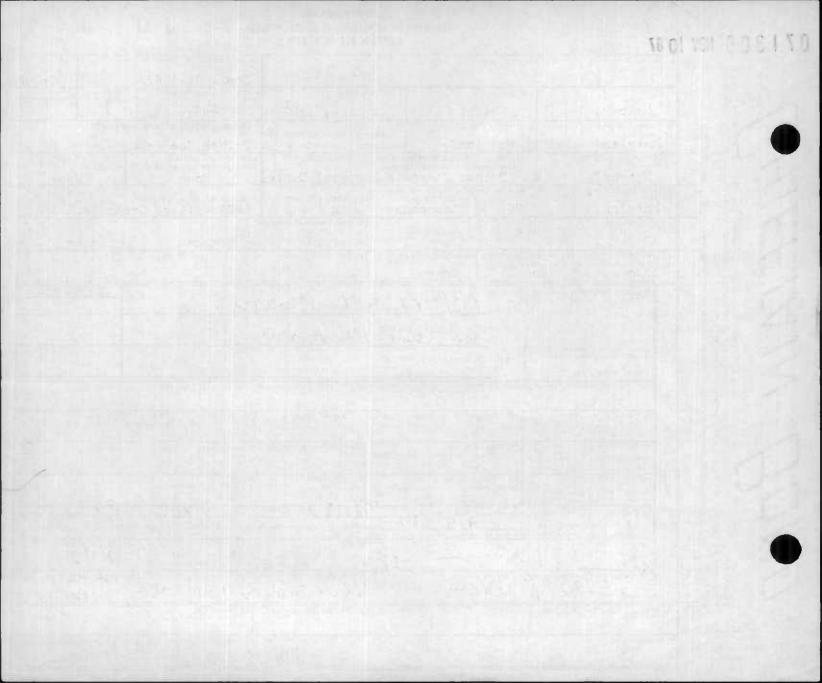
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

1	018	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO		.,,	
		CEASED NAME FIRE:	WIDDIE		Parkinia	1.01120101111	MONIH DAY	YEAR	26 HOUR
ł	3 SEX	(	T4 RACE	5 DATE	OF BIRTH	Sept. 4, 1		RIYEAR	2:00R
1	J JL/	Male		MON	TH DAY YEAR		MONTHS	DAYS	HOUR" MIN
1	7. DU	RIHPLACE   L'ATE OR FOREIGN	Black  75 CITIZEN OF WHAT CO		ept. 4, 1987	Newborn	TNU		
	(	OUNTRY!		MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OF		AIH	
4		laryland	Maryland		ED . DIVORCED	Prince Geo			MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		120 USUAL OCCUPATION		KIND OF	F BUSINESS OR
		Cheverly			lospital Cente	n None		N	lone
5	130 S	Maryland V	NTY 13c CITY	OR TOWN  ndover	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 1825 Villa	ZIP CODE	D4.	95
à	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAST	
/					Tyra	Denean	F	Ranki	
٦		AS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17 INFORMANT	ADDRES	55		
	( 4		O NOT	ne					
1		18 CAUSE OF DEATH (Enter o	nly nna chura nar lina for M	Libl and ici				APPROXIA	MATE INTERVAL DISET AND DEATH
1		PART I. DEATH WAS CAUSI	ED BY	TYXIP	A NEONATOR	un		BEIWENO	NSET AND DEATH
1		IMMEDIA	TE CAUSE O) 1	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Acontrol				
1			DUE TO, OR AS A CO	NSEQUENCE OF	Manarines	V			
1		Conditions, if any, which gove rise to immediate	b) 6 X	1 Carrie	10,10/(0,00)				
ı		cause a, stating the underlying cause lost	DUE TO, OR AS A CO	NSEQUENCE OF					
			( (c)						
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUT</u>	ING TO DEATH BU	T NOT RELATED TO THE TERM	winal disease or cond	ITION GIVEN IN	PART Ira	
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERI		
	TE					YES NO	YES [	LAUSES	NO []
ì	CER	210 ACCIDENT WAS UNDERLYING		ITU DAY VEAE	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INTUR	TINITEM IS PART OR	PART 21	
7	AL	OR CONTRIBUTING CAUSE OF DE		TH DAT TEAM					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION				
	WE	A WORK	(AT HOME STREET FACTOR	Y OFFICE FARM ETC )	STREET	( ITY OR TOW	ZN CO	YIAU	TATE
		220 1 certify that (1) (this hosp	utal attanded the dechara	d tom	9/1/3710		4 10 5	2	hand the Grand land
			C30 1 4.1	2 1	and that in (my) (our) opinion	death occurred on the da	te and hou and f	inm the	nat (ii (we) last
		22h SEGNATURE	of view the body ofter deat	h	DEGREE	or on occorred on the do			
		AL L.	W-	- m	ATTENDING	MEDICAL STAF		PATES	<i>3</i> )
П		THE PHELICIAN S NAME THE	organic war		12e ADDRESS	. / 0 -	-2 C	Heve	SLLV
		DIEVE	1- wran		IKING Geor	er (-65)	NIK	1)	n D
		urial, cremation, removal	L 236 DATE	231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	4		-
	Į	SPECIFY)				CITY OR TOWN	LOUN	TY	STATE
	24 FL	INERAL DIRECTOR			750 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATU	JRE
		NAME		ADDRESS	NOV	0 9 1987			tura .

DHMH 16 60M 7/B4 (VRA 15, 4)

BP.



Poges

3 SEX

CERTIFICATION

MEDICAL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO CEASED NAME 20 DATE OF DEATH 2h HOUR RAWI TNGS 9-22-87 F INDER YEAR 4 RACE 5 DATE OF BIRTH MONTH White 78 Female 1908 Dec. 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ATE OF FOREIGN MARRIED NEVER MARRIED District Columbia of WIDOWED DIVORCED PRINCE GEORGES COUNTY 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Circuit County MARYLAND HOSPITAL CLINTON Clerk Pr.Geo's 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Fort Washington Mary land 3703 Ladd Ave/20744 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Taylor Wells Albert W. Lucy Ann 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Yvonne M. Rawlings-Alexandria, Va. 22 No 18 CAUSE OF DEATH. Enter only one couse per line for 10 11b and 101
PART I DEATH WAS CAUSED BY 45000 DUE TO, OR AS A CONSEQUENCE OF chemic (codience mil Conditions, if ony, which gove rise to immediate couse o stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO YES [

710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY TTY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.

Sept. 21 22a | certify that (1) (this hospital) attended the deceased from saw the deceased olive on Sept. 22, obove, (I) (we) (did (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

226 SIGNATURE 220 DATE SIGNED DEGREE

MD

22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT)

9/25/87

Juna

Clinton, Maryland

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

Mt. Carmel Cemetery

Upper Marlboro (Pr. Geo's) Md.

-53.8

Richard A. Coleman Funeral Home

Burial

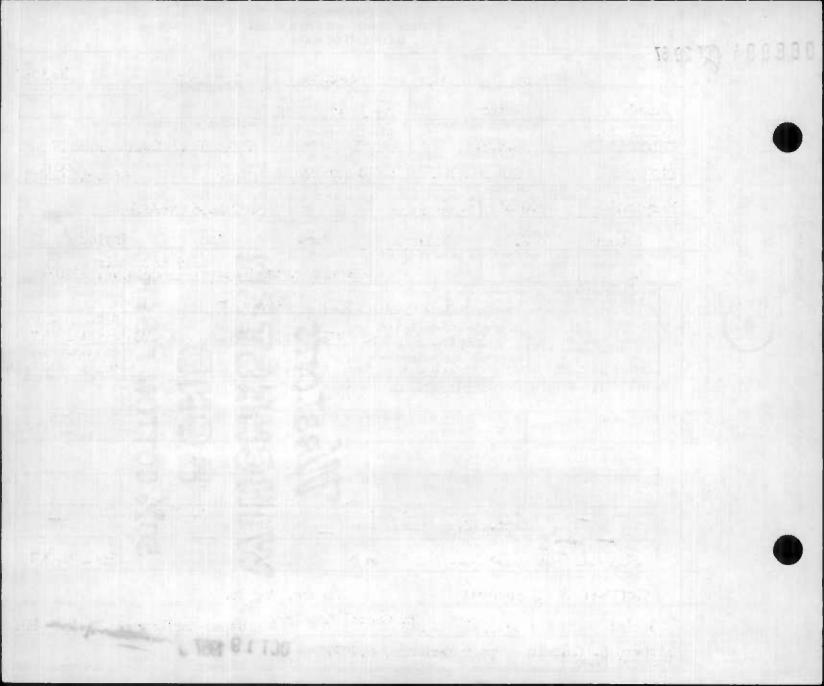
Upper Marlboro, Md. 20772

SHE CISTRAR'S SIGNATURE

DHMH 16 60M 7 84 (VRA 15, 4)

FUNERAL

MPORTANT



es that the death certificate

69

6	0	R			
	_	AT	E		

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	0	U	- 1	4 -	1
REG	NO				-6

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CULTY OF TOWN STATE Burial 10/12/87 Lincoln Cemetary Suitland 2 P.G. Md. 24 FUNERAL DIRECTOR 7474 ADDRESS LANDOVER RD 250. DATE RED DIBY REGISTRAR 25b. REGISTRAR SIGNATURE	Marie Loving HAY	
Female  Black  Female  Black  F BRATHER ACT BRATHER ACT BRATHER STATE OF THE STATE	Maria Loving HAY 10	H DAY YEAR 26 HOUR
Female  Black  F BRITIFIACE MATERIAL DISCONSIDERAL PROPERTY OF WHAT COUNTRY  BRANCH DATE OF MATERIAL PROPERTY OF WHAT COUNTRY  MARRIED WOOWED DWORKED DWORKED PRINCE COUNTRY  PONNSYLVANIA  10 CHY OR TOWN OF DEATH  II. NAME OF HOSPITAL NURSHNO FROM FOR PRINTINDIN IN MODERN OF WHAT COUNTRY  SOUTHERN MATERIAL PROPERTY OF WHAT COUNTRY  MARRIED WOOWED DWORKED PRINCE OF MATERIAL PROPERTY OF WOOWED WOO WOO WOO WOO WOO WOO WOO WOO WOO WO		-6-87 M
Female Black    Female   Black   4 6 1903   84		
The Bert Indicate Institutional December of the Institution of What Country Institution of the Institution of What Country Institution of the Institution of What Country Institution of the Institution of What Institution of Wh	Female Black 4 6 1903 84	
Dennsylvania  U.S.A.  WDOWED  DOWNERS  DOWNERS  DENNS GEOGRAPH SUBJECT OF SUB	In BIRTHPLACE SATE OR FORFIGN 116 CITYEN OF WHAT COUNTRY? 8	UNTY OF DEATH
The control of the co		rge's MD
Clinton   Southern Maryland   Homemaker   N/A	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
HYBRIAR RESIDENCE OF NORMAN AND CONTRIBUTION	Clinton   Southern Maryland Hospital Homemaker	N/A
Maryland P. George Ft. Wash.    Stather Shame   Shame	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1152111
James I. Loving Mildred Mead  James I. Loving Mildred Mead  James II. Loving Mildred Mead  No 1500 Aprine Road  Ft. Washington, Md.  1715 A COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAIN THE COUNTAINAND FT VES. GIVE WAS DECESTED BY READ TO PACK THE COUNTAIN T	Maryland P. George Ft. Wash.   YES X NO   500 Pine R	oad ///
James L. Loving Mildred Medical Security No 12 Management of the Social Security No 12	FIRS MIDDLE LAST FIRST	A 17
NO STATE ALOSE OF DEATH Enter only one course per fine for only in ond it part I do the course per fine for only in ond it part I do the course per fine for only in ond it part I do the course per fine for only in ond it part I do the course per fine for only in ond it part I do the course per fine for only in ond it part I do the course per fine for only in ond it part I do the course of th	James L. Loving Mildred	
18 CAUSE OF DEATH Enter only one course per line for in. ib. and it.  PART LO EATH WAS CAUSED BY.  IMMEDIATE CAUSE on.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO	D TO TESTION ON DIRECTOR WAS ON DATES	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE O. DUE TO OR AS A CONSCOURNCE OF IMMEDIATE CAUSE O. DUE TO OR AS A CONSCOURNCE OF IMMEDIATE CAUSE O. DUE TO OR AS A CONSCOURNCE OF IMMEDIATE CAUSE OF CONDITIONS, If only, which or immediate course of visiting the underlying course library of the underlyi	No   577-24-1096 Ann Glasgow Ft. Was	
DUE TO OR AS A CONSEQUENCE OF  Conditions, if only, which gove use to immediate could be a underlying could list.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO COUNTY TO COUNTY TO COUNTY THE COUNTY THE COUNTY TO COUNTY THE COUNTY THE COUNTY TO COUNTY THE COUNTY THE COUNTY TO COUNTY THE COUNT	18 CAUSE OF DEATH Enter only one couse per line for a b and c	BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate louse and vising the underlying couse last overall and a vising the underlying couse last of the property of	4 = 0	
GOVERNING TO IMMEDIATE TO STATE TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 OF THE TERMINAL DISEASE OF CONDITION GIVEN IN THE TERMINAL DISEASE OF CONDITION GIVEN DISEASE		
TOUR OF AS A CONSEQUENCE OF UNDERSTORM OF AS A CONSEQUENCE O	Conditions, if ony, which b Kenal Insufficiency	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11:0.  CONGESTIVE    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11:0.    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11:0.    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11:0.    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11:0.    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 11:0.    Part 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 11:0.    Part 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 11:0.    Part 4 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 5 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 5 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 5 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 5 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 5 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 5 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 6 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 6 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 6 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 6 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PART 11:0.    Part 7 OTHER SIGNIFICANT CONDITION GIVEN IN PA	cause a stating the Due TO OR AS A CONSEQUENCE OF	
The day of the day of the deceased allow an interest in the state of inview the body after death.    19		
OR CONTRIBUTING CAUSE OF DEATH  OR COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE		N GIVEN IN PART 1 0
OR CONTRIBUTING CAUSE OF DEATH  OR COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE	19 CONDITION FOR WHICH OPPRATION AS PERFORMED 1200 AUTOPS 1700	IF YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH  OR COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY CAUSE  OR CONTRIBUTION CAUSE	E a solution of the local part	CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH OF STREET PARTY OF THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  27a Certify that (I) (this hospital) attended the deceased from 10-4 19-57 to 10-50 19-57 that I) we last saw the deceased alive an 10-50 obove. I) (we) (did (did not view the bady after death).  27a Certify that (I) (this hospital) attended the deceased from 10-4 19-57 to 10-50 19-57 that I) we last saw the deceased alive an 10-50 obove. I) (we) (did (did not view the bady after death).  27a SIGNATURE  27a DATE SIGNATURE  27a DATE SIGNED  27a DATE	TES NO 1	
AT WORK  272 L certify that (I) (this haspital attended the deceased from 10-41 19-87 to 10-6 19-87 that II) we lost saw the deceased alive an above. II (we) (idid (idid not) view the body after death.  DEGREE  272 DATE SIGNED  272 PHYSICIAN S NAME (TYPEOR PRINT)  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  274 FUNERAL DIRECTOR  275 DATE  276 DATE SIGNED  277 DATE SIGNED  278 ADDRESS  278 ADDRESS  279 DATE SIGNED  270 DATE SIGNED  270 DATE SIGNED  270 DATE SIGNED  271 DATE SIGNED  272 DATE SIGNED  273 BURIAL, CREMATION, REMOVAL  274 FUNERAL DIRECTOR  275 DATE  276 Md.  277 DATE SIGNED  276 DATE SIGNED  277 DATE SIGNED  278 ADDRESS  278 DO OLD BRANCH  AVE  CLINTON, MD. 20735  278 BURIAL, CREMATION, REMOVAL  278 DATE  279 DATE  270 DATE SIGNED  270 DATE SIGNED  270 DATE SIGNED  271 DATE SIGNED  272 DATE SIGNED  273 BURIAL, CREMATION, REMOVAL  275 DATE  276 DATE SIGNED  277 DATE  278 DATE  278 DATE  279 DATE  270 DATE SIGNED  271 DATE  272 DATE SIGNED  273 DATE  274 DATE  275 DATE  276 DATE  277 DATE  278 DATE  278 DATE  278 DATE  278 DATE  279 DATE  270 DATE  270 DATE  270 DATE  270 DATE  270 DATE  271 DATE  272 DATE  272 DATE  273 DATE  274 DATE  275 DATE  275 DATE  276 DATE  277 DATE  277 DATE  278 DA	MOUR AM MONIH DAY YEAR	
AT WORK  272 L certify that (I) (this haspital attended the deceased from 10-41 19-87 to 10-6 19-87 that II) we lost saw the deceased alive an above. II (we) (idid (idid not) view the body after death.  DEGREE  272 DATE SIGNED  272 PHYSICIAN S NAME (TYPEOR PRINT)  273 BURIAL, CREMATION, REMOVAL  273 BURIAL, CREMATION, REMOVAL  274 FUNERAL DIRECTOR  275 DATE  276 DATE SIGNED  277 DATE SIGNED  278 ADDRESS  278 ADDRESS  279 DATE SIGNED  270 DATE SIGNED  270 DATE SIGNED  270 DATE SIGNED  271 DATE SIGNED  272 DATE SIGNED  273 BURIAL, CREMATION, REMOVAL  274 FUNERAL DIRECTOR  275 DATE  276 Md.  277 DATE SIGNED  276 DATE SIGNED  277 DATE SIGNED  278 ADDRESS  278 DO OLD BRANCH  AVE  CLINTON, MD. 20735  278 BURIAL, CREMATION, REMOVAL  278 DATE  279 DATE  270 DATE SIGNED  270 DATE SIGNED  270 DATE SIGNED  271 DATE SIGNED  272 DATE SIGNED  273 BURIAL, CREMATION, REMOVAL  275 DATE  276 DATE SIGNED  277 DATE  278 DATE  278 DATE  279 DATE  270 DATE SIGNED  271 DATE  272 DATE SIGNED  273 DATE  274 DATE  275 DATE  276 DATE  277 DATE  278 DATE  278 DATE  278 DATE  278 DATE  279 DATE  270 DATE  270 DATE  270 DATE  270 DATE  270 DATE  271 DATE  272 DATE  272 DATE  273 DATE  274 DATE  275 DATE  275 DATE  276 DATE  277 DATE  277 DATE  278 DA	210 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	
270 I certify that (I) (this hospital attended the deceased from 10-4 19-7 to 10-6 19-7 that II) we lost sow the deceased alive an above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour and from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour ond from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour ond from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond that in (my) our opinion death occurred on the date and hour ond from the causes stated above. II (we) (did (did not) view the body after death 19-87 ond t		COUNTY
saw the deceased alive an above, II (we) idid (idid not) view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECT	0 4 5	19 17 that I we last
226 SIGNATURE  CAMMY' MM M. DEGREE  ATTENDING MEDICAL STAFF 10-8-87  121d PHYSICIAN'S NAME (TYPE OR PRINT)  CARUS Y. PARSCY M.D.  228 ADDRESS 8700 OLD BRANCH AVE  CLINTON, MD. 20735  230 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 1234 LOCATION CITY OF TOWN CITY OF	saw the deceased alive an 10-6 1987 ond that in (my) our opinion death occurred on the date ar	
226 ADDRESS 8700 OLD BRANCH AVE CLINTON, MD. 20735  236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE BURIAL 10/12/87 Lincoln Cemetary Suitland P.G. Md. 24 FUNERAL DIRECTOR 7474 ADDRESS LANDOVER PD 250. DATERED DIBY REGISTRAR 256 REGISTRAR SIGNATURE		22c DATE SIGNED
220 ADDRESS 8700 OLD BRANCH AVE CLINTON, MD. 20735  230 BURIAL, CREMATION, REMOVAL 10/12/87 Lincoln Cemetary 234 LOCATION CUNTY Burial 10/12/87 Lincoln Cemetary 236 DATE 237 NAME OF CEMETERY OR CREMATORY Suitland P.G. Md. 24 FUNERAL DIRECTOR 274 PUNERAL DIRECTOR 274 PUNERAL DIRECTOR 274 PUNERAL DIRECTOR 275 DATE OF BURIAL CREMATION, REMOVAL 286 ADDRESS 8700 OLD BRANCH AVE CLINTON, MD. 20735  276 ADDRESS 8700 OLD BRANCH AVE CLINTON, MD. 20735	ATTENDING MEDICAL STAFF PHYSICIAN OF DIRECTOR PHYSICIAN (	10-8-87
CLINTON, MD. 20735    230 BURIAL CREMATION, REMOVAL   23b DATE   23c NAME OF CEMETERY OF CREMATORY   23d LOCATION   COUNTY   STATE	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS \$700 OLD BRA	
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE 10/12/87 Lincoln Cemetary Suitland P.G. Md.  24 FUNERAL DIRECTOR 14 ANDOVER RD 250. DATE RESIDENCE OF BY REGISTRAR 250 DESCRIPTION COUNTY STATE PROPERTY OF BY REGIST	75 7 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Burial 10/12/87 Lincoln Cemetary Suitland P.G. Md.	ELINTON, MD. CLINTON, MD.	
175 24 FUNERAL DIRECTOR TYTY ADDRESS LANDOVER PD 250. DATE, REGISTRAR 250 REGISTRAR S SIGNATURE	CLINTON, MD.	
The state of the s	230 BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN	
J.B. JENKINS LANDOVER, MD.	236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN  Burial 10/12/87 Lincoln Cemetary Suitland  24 FUNERAL DIRECTOR 74/14 ADDRESS LANDOVER RD 250. DATE RED DIBY, REGISTRAR 250.00	P.G. Md.

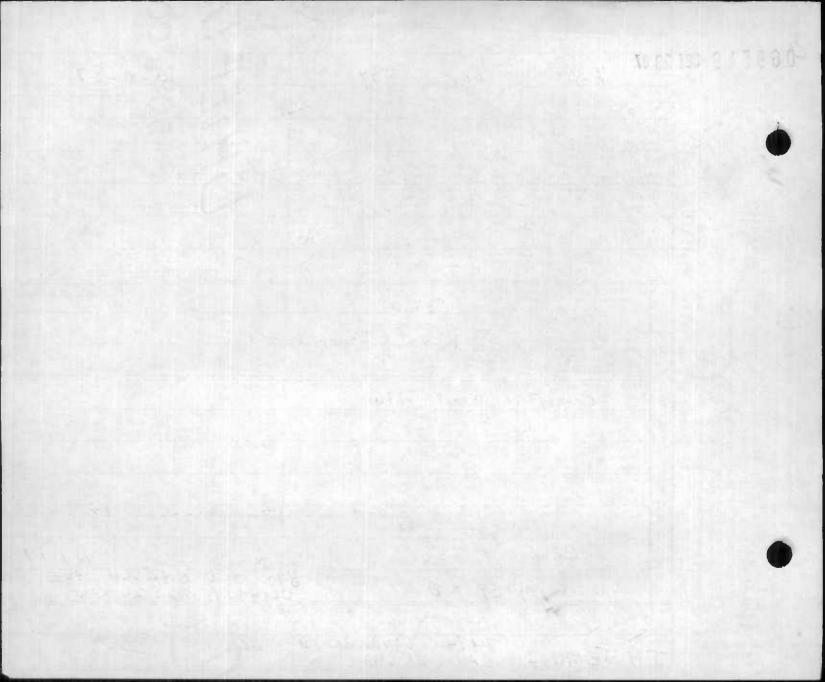
DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR After this certificate has been

OR ATTENDING PHYSICIAN The low attending physician

TO HOSPITAL OR ATTEN



069808 oct

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH YEAR 25 HOLLD MONTH DAY

THE CHASED THAT			in bille of beiling	1	10
(TYPE OR PRINT) Mild	red Kathleen	Reyno	Octobe	r 20, 1987	10:304
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
Female	Female White		73	YRS MONTHS DAYS	HOUR'S MIN
	76 CITIZEN OF WHAT COUNTRY	Sept 28, 1914  RARRIED X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Knoxville, Tenr	USA	WIDOWED DIVORCED	- Davis non Con	orges	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATIO	N 126 KIND OF	BUSINESSOR
Temple Hills 4	1503 Poppe Pla	ace	Homemaker	WORKING THE INDUSTRY OWN H	Iome
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN			2 13e STREET ADDRESS /	7IP CODE	
		HillsyES NO			20748
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN		LAST	
William		Love Lula	miDU((	Webb	
160 WAS DECEASED EVER IN U.S. AR.		URITY NO 17 INFORMANT	ADDRES		
NO NO OR UNKNOWN) (IF YES GIV	579-26	-9791 Walter A	Reyno Sa	ame as #13	
18 CAUSE OF DEATH Enter on	lucas and the fact of the second			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
PART I DEATH WAS CAUSE	TE CAUSE O) Metasta	the Breast Co	ucimoma	41	pars
IMMEDIA	DUE TO OR AS A CONSEQU			1	
Conditions, if any, which	( b)	DENCE OF			
gave rise to immediate couse o stoting the	DUE TO, OR AS A CONSEQU	HENCE OF			
underlying cause last	DUE TO, OK AS A CONSECU	DENCE OF			
PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR COND	ITION GIVEN IN PART I a	
NO.					
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED		206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	
Ħ H			YES NO		
210 ACCIDENT WAS UNDERLYING			URRED ENTER HA RE FINER	M M 8 + AR R PAR	
OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
THE THEK NO BY MEDICAL EXAMINER  21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	WC 1 SIC 11	NIA	I A i
X NAME OF A WARR	A HOME TREE FACTOR OFFILE	FAMM E RET	, 38 /W		
	ital attended the deceosed from	October 10 80	0 10 210ct	19.87	we lost
saw the deceased al your			ion death occurred on the dot	e and how and from the co	auses stated
The state of the s	VIPAVITE BODY differ dediti	DEC DEC 2		22 5435 (	V ALCO

B Reen M.D.

230 BURIAL, CREMATION, REMOVAL

3611 Branch Ave Temple Hills, MD 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION

DHMH 16 50M 4/B3

PORTANT

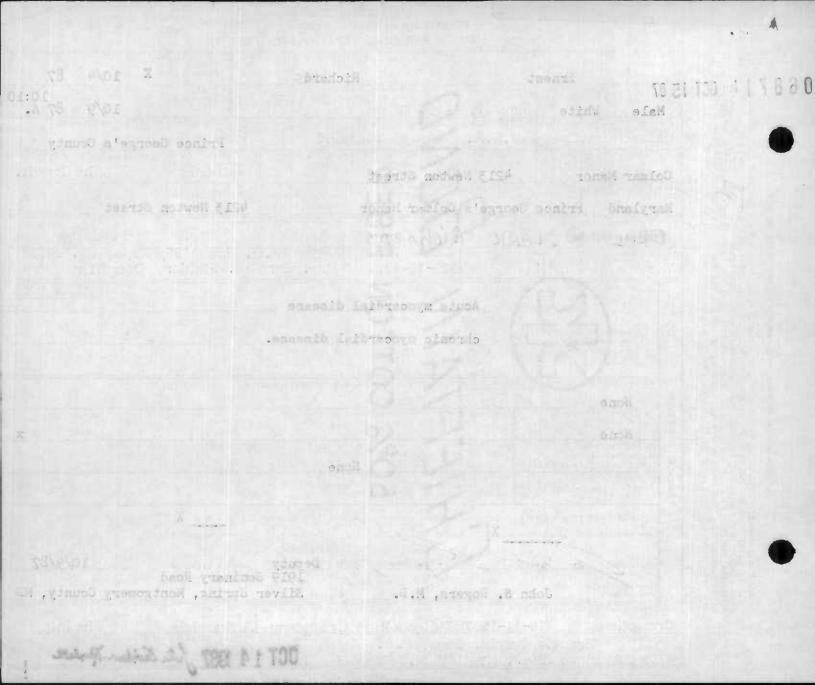
(VRA 15, 4)

Buria

nd PG

Suitland, Md

Md



BP.

DHMH 16 60M 7/E (VRA 15, 4)

70067

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DEC	- STATE REGISTRAR	DEPA		LTH AND MENTAL HYC ATE OF DEATH	REG N		
	CEASED NAME FIRST	MIDDLE	ŁAST		20 DATE OF DEATH		26 HOUR
	OR PRINTI	HIE W.	ROB	INSON		10-25-87	E:45/
3 SEX	X	4 RACE	5 DATE OF		6 AGE (IN YEARS LAST BIR		
	Male	Caucasian	April	22, 1906	81	YRS	HCUR MIP
7	RTHPLACE ATEUR FOREIGN COUNTRY)  ichigan	USA	RY? 8 MARRIED ( WIDOWED)	NEVER MARRIED DIVORCED	100	RCOUNTY OF DEATH ORGE 'S COUN'	TY ,
CI	TY OR TOWN OF DEATH HEVERLY	PRINCE GEORGE	"SAPPOSPI		170 USUAL OCCUPATION OF SOME PROPERTY IN THE P	F WORKING HEE) INDUSTR	of Business of US News d Report
13a S	STATE 136 CC	t gomery Chevy (	Chase 13	d INSIDE CITY LIMITS?		zip code ldge Avenue	20815
14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15	MOTHER'S MAIDEN NA	ME		AST
11	Walter	Clarence Robin	son	Anna	WIDDLE	Maek	
160 \	WAS DECEASED EVER IN U.S.			7 INFORMANT	ADDRE	SS	16
		GIVE WAR OR DATES) 363-07		Helen R. Cla		pered Lane Maryland 2	0715
CERTIFICATION	190 DATE OF OPERATION	DUE TO, OR AS A CONSE (c) VI CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	QUENCE OF	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSI YES [	INGS USED
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LICIAN A MA MONITAL		110 HOW INJURY OCCUR	RED ENTER NA TRE OF INJU	REINITEM IS PART DRPART 2	
MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF		If LOCATION STREET	CITY OR TO	wn Ouniy	TATE
	220 I certify that (I) (this ha	d not view thorbady after death.	9 87 and DE	that in (my   Qui) apinion  GREE  AUTHORIS  PLE ADDRESS A 6	7	22c DA	that I ime I ne causes stated IE SIGNED
7	274 PHYSICIAN'S NAME (O						
1		P. Appel, M. D.		3231 Superio	r Lane Bow	ie, Marylan	2071

Constant for the second of the

68717 OCT	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	
SSARY, PLEASE RAL DIRECTOR R YOUR FILES. HIN 72 HOURS	Elizabeth Mantana Rock  4 RACE 5 DATE OF BIRTH MONTH AY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD  10/7	
S NECESS TO IF FUNERAL STATES OF THE STATES	ONTWOOD   TOTAL TO LIGHT	
BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY SIVE PAGES 1, 2, ALE WITH FORM PM 3, REIN F. PAGES 1 ANR 2, SHC II DIVISION OF VITAL RECO	ryland Prince George's Brentwood    136 COUNTY   136 STREET ADDRESS   3814 - 38th Street     15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   MIDDLE     18 MOTHER'S MAIDEN NAME   MIDDLE   MIDDLE     18 MOTHER'S MAIDEN NAME   MIDDLE   M	20722 nrach Street
EXECUTED WITHIN 24 HOURING" IN PERCUTED WITHIN 24 HOURING" IN PENCIL IN ITEM 16 PERMIT PERMIT HAND MENTAL HYGIENE, HAND MENTAL HYGIENE, MATION, OR REMOVAL	& CAUSE OF DEATH (Enter only one cause per line tor (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSE ANT. SEATH
VISION OF VITAL RECCERTIFICATE SHOULD BE TING THE WORD "PEND BED TO THE CHIEF MED SHOULD BE USED AS DEPARTMENT OF HEAVE I PRIOR TO BURIAL, CRE	None  None  19 CONDITION FOR WHICH OPERATION WAS PERFORMED?  10 EXTERNAL CAUSE WAS 10 DERTELYING OR 10 ONTRIBUTING CAUSE OF DEATH 19 None  10 INJURY OCCUPRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  10 INJURY OCCUPRED 10 None	
DIVIS  TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFFRE DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR	220   Certify that I took charge of the remains described above, held an Autapsy   . Inspection   X   . Inquiry   and in my apinio death resulted from Natural causes   X   Accident   . Suicide   . Hamicide   Undetermined manner   . TITLE (SPECIFY)   M.D.   Deputy   MEDICAL EXAMINER   SIGNED   SIGNED   1919   Seminary   Road   1919   Seminary   1919   191	10/8/87
07:84 BP	Burial 10/09/87 Huff's Church Cemetery Huff's Church Berk  Berk Director Gasch's Sons Funeral Home, P.A.  Baltimore Avenue Hyattsville, Md. 20781  Burial 10/09/87 Huff's Church Cemetery Huff's Church Berk  Constitution Processing Control of the Process of the P	

Fernic white will 10, 1892 95

Mt. Rainier SAR - Sth Street

Paryland Poince George's Mt. Rainier

Jeorge 2185 - 4185

rimes Scorne's County

. sures to faith a save stuck

John M. Romers, M.I.

hood wanteness 2005 MA PERMIT STREET, MORE TRANSPORTER, NE

FOR STATE

	STATE	OF M	ARYL	AND	
DEPARTMENT	OF H	ALTH	AND	MENTAL	HYGIEN

64

61

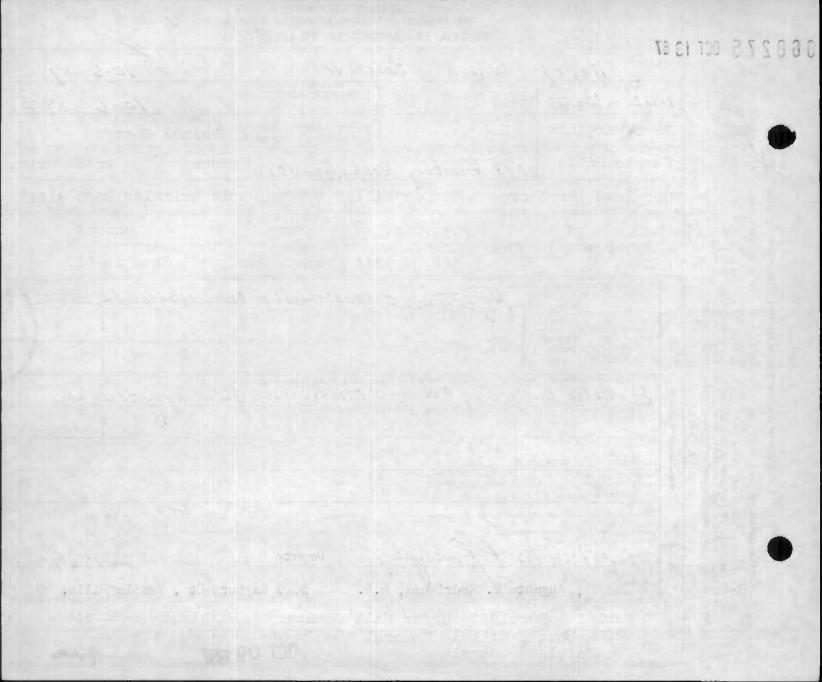
CERTIFICATE OF DEATH

	REGISTRAR				CERTII	ICAIL OF DEATH	REG N	0.		
1.	DECEASED NAM			WIDDLE	i.	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
0CT 19	P87PRINT	Mollie		G.	Ro	omans	0	ct. 1'	7, 198	12:30 F
3	SEX		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	PIHDAY	IF INDER YEA	R IF NIFR 1 HR
	Femal	е	White		Marc	ch 1, 1897	90	YRS	W ALMS AT	MC N WIN
6 170	BIRTHPLACE	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
180	Missour	i	U.S.A		MARRIE	D NEVER MARRIED DIVORCED	Prince			
P 10	CITY OR TOWN					OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
Of C	Adelph			dential To		lurs. Home	Clerk		E INDUSTR'	
	MD STATE	Mont		GIVE RESIDENCE BEFORE  13c CHTY OR TOWN  Olney		13d INSIDE CITY LIMITS? YES NO [		ZIP CODE	urel 1	Ter./2083
14	FATHER'S NAME	,	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		1	AST
ě .	Mich			Goldstei		Lena	que que		(Unkr	
000	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT				nue, N.W.
E	No		-	497-09-4	721	Vera R. Glas	ser, Washing	ton, D	.C. 2	20016
njury, or other	couse (o), underlying PART 2 OTH	to immediate stating the cause lost	(c)_	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVI	EN IN PART	l <sub>1</sub> a
aws any	ARTE	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NOK			OINGS USED ES OF DEATH? NO
	OR CONTRIBUTE	WAS UNDERLYING TO	216 TIME C	OF INJURY .M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJE	R IN I A 8 PA	AR' JRPAK',	
Hem	S HE EITHER NO	TIFY MEDICAL EXAMINER	P	.M.	19					
ked or	21d INJURY C	NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE FA	ARAM ETC )	21f LOCATION	ITY OR TO	)WN	CONINTY	TATE
21 15 то	sow the	that (l) deceased alive on	OCT	14 19 8	007	nd that in (my) ( opinion	to OC/ death accurred on the o	ate and hou	ond from th	that I last last last last last last last last
T. If Item	27h SKSNAT		al	6	mi	ATTENDING PHYSICIAN	MEDICAL STA		OCT DAT	17, 198
MPORTAN		er Eu Go		0		2309 Shoref:	eld Rd., W	heaton	, MD	20902
3 ₹ 7.	BURIAL, CREM.	ATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		article to	TATE
	Buria		10/2		ng De	avid Mem. Gdns	Falls C	hurch,	VA	STATE
60M 7 B4	FUNERAL DIREC	TOR Joseph	n Gawle:	r's sons,	Inc.		E REC D. BY REGISTRAF	6 0	man A	A
15, 4)	5130 Wis	consin Av	re, MW, Wa	ashington,	D.C.	20016 00	CT 2 8 1987	110	Devider	n. Randaea

			.0	10 (2)
		the torust	et bit	
- lovice	neinen i		T.B.A.	drawon 19
use to all si	Clark		Chartes	
or Laurel Ter./Co	STR MENT		genil gramand	not to
(manufact)		anal	iedalifet	Mohank
indical Arenue, I. F.		ALL COLORS AND ALL COLORS		oit.
	VA STATE	1787 JULEAT		
	VA STATE			
	VA STATE	1787 JULEAT		
		1787 JULEAT		

0/1070

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE PEGISTRAR B DI EASED NAME 20 DATE KNOWN TYPE OR PRINT OF Kesc R FILES. HOURS DEATH MATED IF UNDER 24 HRS DATE S. 1. 2. AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR NO.2 SHOULD BETWED, WITHIN 72 HOWAT RECORDS, 2017W, PRESTON ST 68 PRONOUNCED Oct DEAD 19 8 To BIRTHPLACE . TATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia Prince George D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Temple Hills Transporta. 20748 ProGeorge 13d INSIDE CITY LIMITS? Marvland Temple "Hills Brinkley Road #101 YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Harry Rose, Sr. MIDDLE Mary Barnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION YES NO OR UNKNOWN 07 8344 Ruth L Rose Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. articles clipated - a weder las enlow IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 he walter pulmenay dislance CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK CITY OF LOWN 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Hamicide death resulted fram-Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Sultland Maryland 90ct1987 Cedar Hill Cemetery 07 B4 24 FUNERAL DIRECTOROBERT Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 Suitland Maryland (VR A15 ME (5)) - wildow Rondoll



Wilhelm Funeral Home

Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

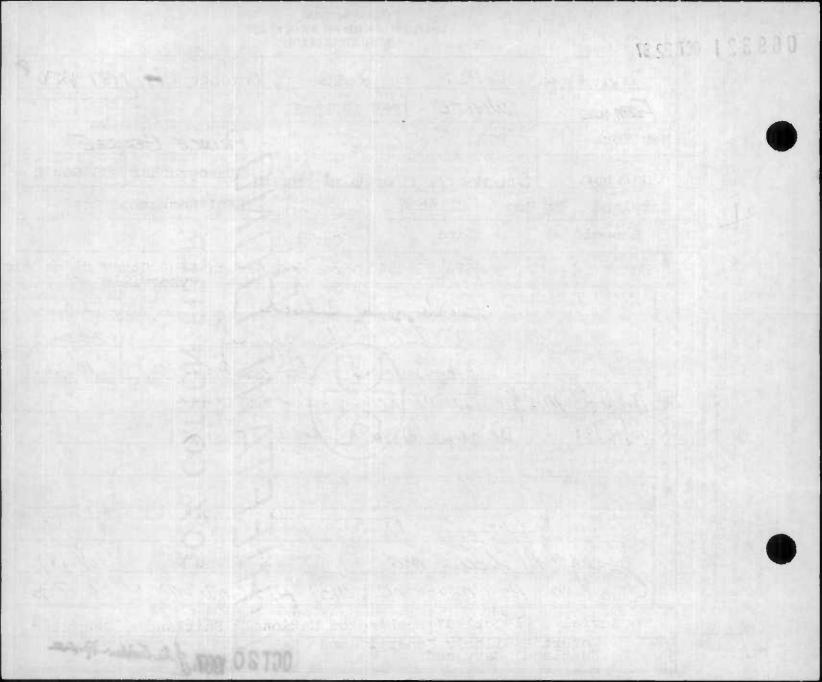
Item 2a, Film G633 11-12-87 dw

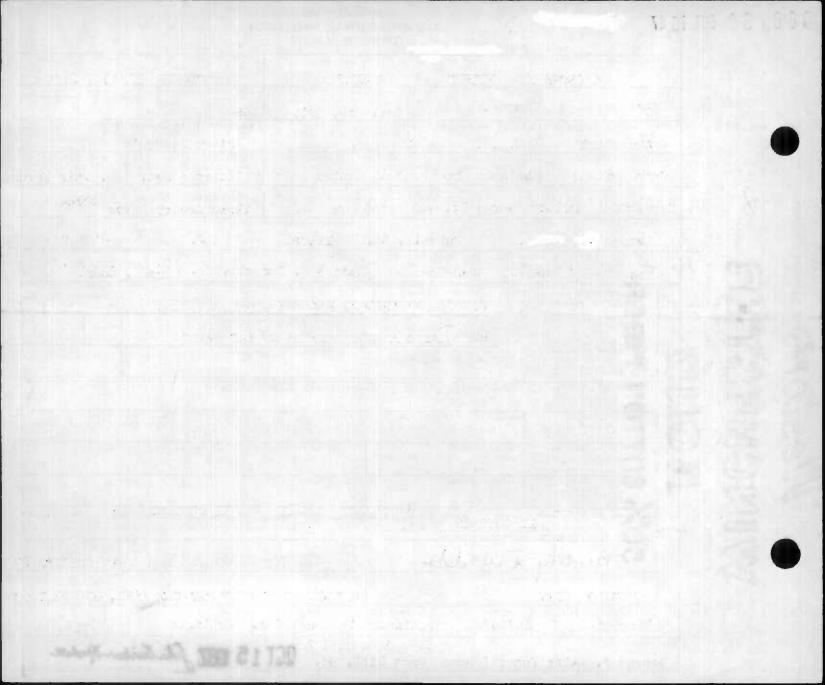
24 FUNERAL DIRECTROBERT E

Suitland

DHMH-16 30M 2/80

(VRA 15, 4)





BP.

DHMH 16 60M 7/8 (VRA 15, 4)

moy be

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3

107	00	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO		
U		EASED NAME	FIR51		MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	7b HOUR
	(TYPE	ORPRINT)	delir		М.	Russo		Contonly	26 1007	11 /0 4
	3 SEX		HETTI	4 RACE		S. DATE C	OF BIRTH	September 6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	11 • 48 44 IF UNDER 14 HR
	Fe	emale		Whit	e	Jan.	7, 1911	76 YR	A CRIMON	HUJR MIN
/	7a 811	RTHPLACE (STATE OF F	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUN		
2	R	node Islan	d	U. S	. A.	WIDOWE	D NEVER MARRIED DIVORCED	Prince Geo	rge's	MD.
1		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
10	T.	anham			r's Hospi		of P.G. Co.	Nurses Aide	Hospi	tals
-	USUA	AL RESIDENCE (IF NURS	136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		Lin STREET ADDRESS / TIP S		
		ryland	Pr.	Geo's	Mariboro	4	AES K NO [	10224 Prince H	Place/ 20	772
7		THER'S NAME			1001		15 MOTHER'S MAIDEN NA	ME		
		Cesare		MIODI E	Macchio	ni	Filomen	a	Gatta	
1		VAS DECEASED EVER			TAL SOCIAL SECU	ON YIN	II INFORMANT	14609 Cambrusso-Upper Marit	idge Dri	VE-70
	Î	(ES NO OR UNKNOWN)	(IF YES, G)	VE WAR OR DATES)		- /	Ronald A. Ru	sso-Upper Marit	oro, Ma.	20172
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o), (b), and	ficul /	11/11			MATE INTERVAL
		PART   DEATH W	AS CAUSE	ED BY TE C AUSE (a)	resal	118	uuu			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2007AV5A	RAS ACONSEQUE	NOT John	nh			
		Conditions, if ony,								
		gove rise to immediate couse (o), storing the DUETO OFFICION SEQUENCEO								
		underlying couse	lost	107_	STAMIL	Ly4	I mas u	I'm By	>	
		PART 2 OTHER SIGN	VIFICANT	CONDITION	ONTRIBUTING TO	EARYNUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	2
	o l	onen	M	000	much	1	2 M6 US	•		
1	CERTIFICATION	19a DATE OF OPERAT	HON	, 196 COND	ITION FOR ICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDIN	
1	RTIF		- /					YES NO XX	YES [	NO []
7		OR CONTRIBUTING			OF INJURY M MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART ORPART 21	
	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINE	P. P.	Μ.	19				
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY	ARM ETC	21f LOCATION	CITY OF TOWN	COUNTY	STATE
		AT WORK NOT WH	DIE L			a/	7 5	9/24	0	
		220 I certify that	The second second	itoli ottended the	e deceosed from_	n3/	19	10	19	that (I we) lost
		obow (lylwells	nd where de high tidad no	the body	after death			death accurred on the date and		
		THE SIGNATURE DEGREE				M.D. ATTENDING	MEDICAL STAFF	22c DATE	SIGNED	
	3 0	The Man And			PHYSICIAN L	DIRECTOR   PHYSICIAN	9/0	0		
		22d PHYSICTAN'S NA						Greenbelt Rd.,		- 14
				s, M.D.				nbelt, Md. 2077	0	
	230 B	urial, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION	COUNTY	TATE
				10/1/			s Catholic Ce	m Cranston		de Island
	R-	ichard A. uneral Hom	Colem	an -Upp	er Marlbo	ro,	250 DAT	HEET DAY DE AND	Was is a seal	INFO COL
	Fi	uneral Hom	e	Mar	yland 207	12				A

other traumatic event

MPORTANT If Item 21 is marked or Item 18 shows any

068

572 hours after death

# STATE OF MARYLAND

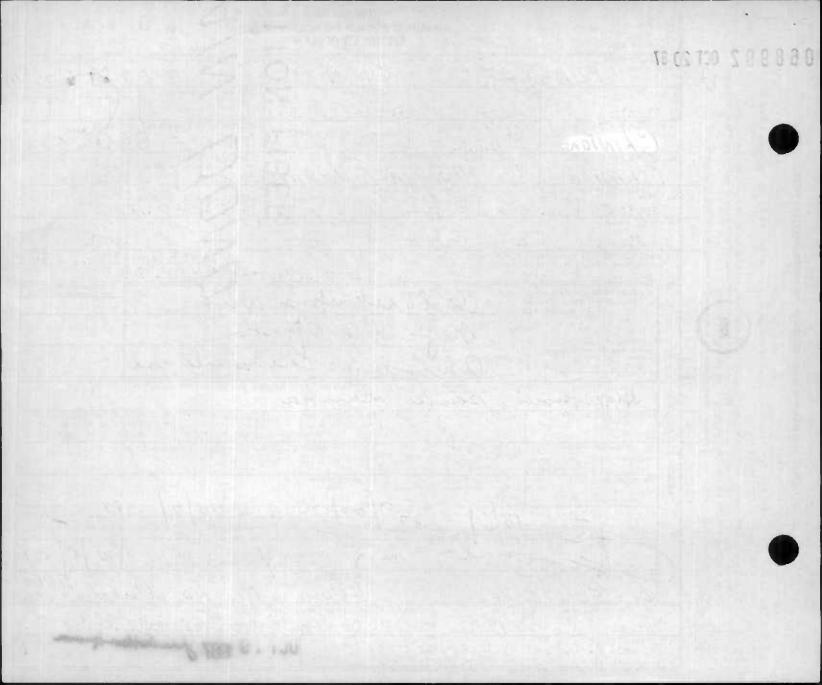
1.	STATE			UEPA		ICATE OF DEATH	HYGINNE /		0		1	
A	REGISTRAR EASED NAME			MIDDLE	CENTIL	TO DEATH	7g DATE O	REG NO.	INTH DAY	YEAR	Landinavia	-
	OR PRINT	FIRST	011	MIDDLE	RI	1001	Za DATE O	/ /	NIH DAT	Z OF	26 HOUR	5
	21	-HN	CHE		/\ )	1010		10	0/	6)	6.35 M	V
SE.	X		4 RACE		5 DATE O	DAY YEAR		YEARS LAST BIRTHDA	AY) If	INDER FAR	IF UNUER 11 HRS	
	Female		White			ber 8, 1898		89	YRS			
7a Bi	RTHPLACE I TATE OR F	OREIGN	76 CHIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER MARRIED	BALTIMO	RE CITY OR C	OUNTY OF	DEATH ,		
_	Maryland			S.A.	WIDOWE		DIFIC.	INCE	OF	ORE	5 ES MD	)
10 C	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NUI	RSING HOME O	OR OTHER INSTITUTION		OCCUPATION		126 KIND O	F BUSINESS OR	
- (	LINIO	N	So.	/// MM	1/AN1	) HUSPITA				Own H	Iome	
USU. 13a S	AL RESIDENCE (IF NURSI	136 COUN		13 (FITY OF)		13d INSIDE CITY LIMITS	52 13e STREET	ADDRESS / ZI	IP CODE			Ī
M	aryland	Pr.	Geo's	Maria		YES 🖔 NO 🗌	14503	Main S	St./20	)772		
4. F.	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE				Ī
	Richard		Τ.	Coffr	en	Agatha	a			Wells	3	
	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO	17 INFORMANT	107	14 <sup>AD</sup> Meac			, Silve	]
(	No	TIF YES, GIV				James E. V	logts-Spr	ing, Mk	d. 209	901	,	
	18 CAUSE OF DEATH	H (Enter on	ly one cause per	line for rail, th	and ic	1					IMATE INTERVAL ONSET AND DEATH	-
	PART L DEATH W	AS CAUSE	Ď BY TE CAUSE (0)		to se	Knapons	- ane	of.				Ī
		Brune DiA		R AS ACQUISE	OLIENCE OF A	10.1	-1-					Ĭ
	Conditions, if any,	which	( ,6)	Mas	TRAIN	ial wiff	roppin					
	gove rise to imm	nediote	0,-	0.00	ouruse of	V	0.	0	0			
	underlying cause		DUE TO, O	AS A GONSE	QUENCE OF	solic Co	divan	culde c	and			
	PART & NOTHER SIGN	NEICANTO		ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEAS	E OR CONDIT	ION GIVEN	IN PART 1	0	-
NO O	Miske	tens	un 1	senil	2 00	ernentia						
MEDICAL CERTIFICATION	14 DATE DI PERAT	ION:	196 COND	ITION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AUT		Ob IF YES, W			-
IFI							YES [7]	NOU	N CERTIFY IN YES T	IG CAUSES	OF DEATH?	
OK U	21a ACCIDENT WAS UND	ERLYING [	216 TIME C			21c HOW INJURY OC	CURRED LENIERN		TEM 8 PART	IR PART.		-
AL	OR CONTRIBUTING C		in .	M. MONTH	DAY YEAR							
DIC	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION						
¥	WHILE NOT WH	ILE _	(AT HOME ST	REET FACTORY OFF	ICE FARM ETC	STREET		CITY OR TOWN	1	PATRICE	TATE	
	22a I certify that (I)		tol) attended in	Jecensed to	91	30/17 10	10	10/2	10	87	that I (we last	
	sow the decease	ed alive on	1016	1	11/	id that in (my) (our) opin	nion death accurie	ed an the date	and hour ar		-	
	2H-STONATURE	nd) jeld no	ti view the body	tur broth.		DEGREE				District Dates	tionto	
1	1 1/		5000	w	'm.	ATTENDIN	IG MEDICAL	STAFF		10 1	8/87	į
(	ZNLBHYSIC MOTSHY	ME HIR C	e email:			PHYSICIA 122e ADDRESS	N DO DIRECTOR	PHYSICIAN	۷ 📗	1	hat	
	11/		A LUE			6000-	· M	15	11)	01	20001	1
22- 1	XX . (20)	100.	11/106-	)	12 111115 05 0	0 1051	04/16	/CD	Ma	KU D	16 MM	1
	BURIAL, CREMATION,	KEMOVAL	23b DATE			EMETERY OR CREMATO	/ / / / / / / / / / / / / / / / / / / /	00.10	ores (Da	HALL	s) Md.	
	Burial		10/10	/0/	irinity	Cemetery	PATE RECORD BY	Marlb				

DHMH - 16 60M 7/B4 (VRA 15, 4)

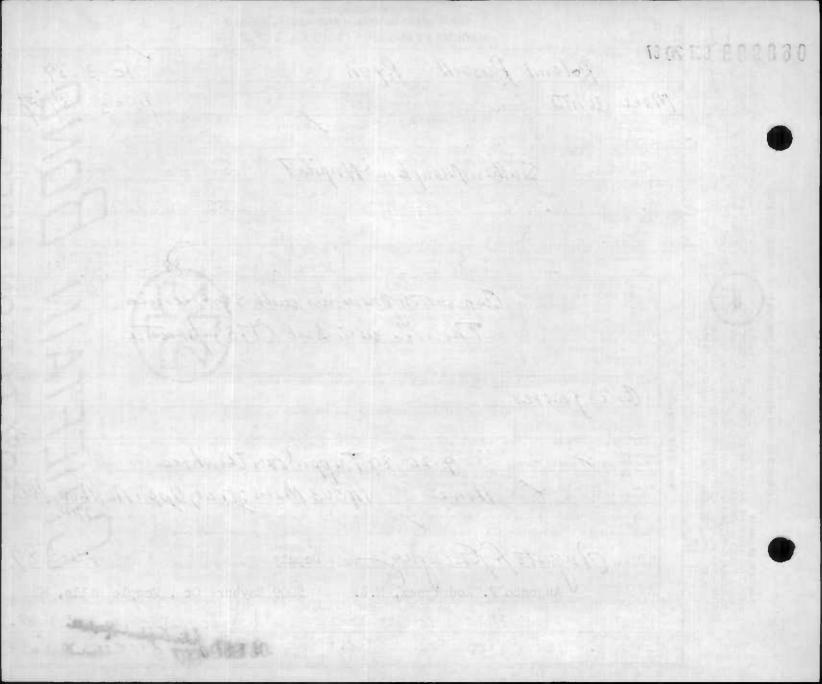
BP.

Richard A. Coleman Funeral Home

Upper Marlboro, Maryland 20772



STATE OF MARYLAND



DEMAINE FUNCTAL HOMES, INC ALEXANDRIA, VA 22314

FOR

14 FUNERAL DIRECTOR

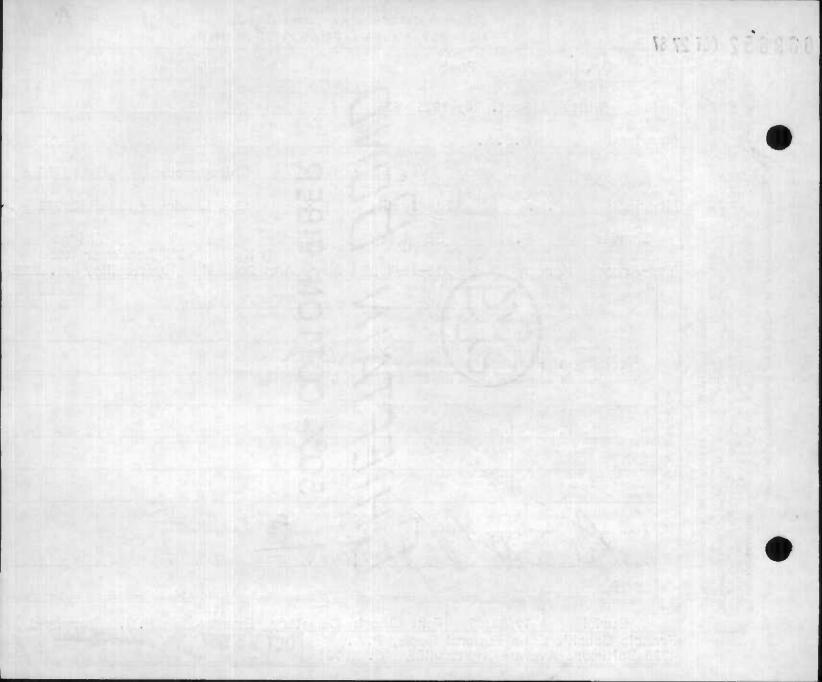
DHMH 16 60M 7 B4 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC.D. BY REGISTRAR 256 REGIS

67972 007-007



#### CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR White White 7a BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ATE OR FOREIGN New York Prince Georges County United States WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION ACCOUNTENTWORKING LIFE MARYLAND 23201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland 132 STOFFT APPRESS & PSEPPE 13d INSIDE CITY LIMITS? NO V 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Schia Vone Josephine MIDDLE Charles BALTIMORE 166 SOCIAL SECURITY NO. **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES GIVE WAR OR DATES) Ethel C. Schiavone same as #13e 126-03-6740 18 CAUSE OF DEATH Enter only one couse per line for on blood PART I DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the 3 underlying cause lost DIVISION OF VITAL RECORDS, 201 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM IS PART - R PART -00 HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC I AT WORK AT WORK 220 | certify that (1) (this hospitals attended the deceased from sow the deceased olive on obove, (I) (worldid) (arg not) view the body after death , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN -DIRECTOR PHYSICIAN MPORTANT FUNER old be 220 PHYSICIAN'S NAME (TYPE OF PRINT)

10-15-1987

FOR

STATE

DHMH 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

Will al

4400 Powder Beltsville.

230 NAME OF CEMETERY OR CREMATORY

George Washington Cem.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DATE REC D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

76 HOUR

176 KIND OF BUSINESS OR

20705

Muccio

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO [

771 DATE SIGNED

P.G. Maryland

YES -

23d LOCATION

Ade'l'ohi

069

ed in the funeral director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remement the State Dept. of Health and Mental Hygiene prior to burial, cremements.

TENDING

BP.

DHMH-16 20M (VRA 15, 4) 7/78

IMPORTANT If them 21 is marked or them 18 shows any

_		FOR
1	-	STATE
		DECISTRAD

## STATE OF MARYLAND DEP

ARTMENT OF HEAL	TH AND A	MENTAL HYG	HENE	i i
CERTIFICA	TE OF D	EATH		250

		REGISTRAR			CERTII	FICATE OF DEATH	REG	NO		
	DE	PASED NAME FIRST		MIDDLE	0	LAST	20 DATE OF DEATH		DAY YEAR	25 HOUR
	(11112	Clore		М.	7=	2001		10	06 87	1:05P M
	3 SEX	MALE	RACE Bla	ck	5 DATE O		6 AGE (IN YEARS LAST	BIRTHDAY) • YRS	H UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
1	Dis	RTHPLACE (STATE OR FOREIGN DUNTRY) StrictOf Columb	ia US		WIDOW		D PRINCE (	OR COUN GEORGE	TY OF DEATH	MD
1	2	TY OR TOWN OF DEATH  CHEVERLY	PRINC	E GEORGE!	S HOS	OR OTHER INSTITUTION SPITAL CENTER	R 120 USUAL OCCUP (TYPE OF WORK FOR MO) Clerk	TOF WORKING		OF BUSINESS OR
1	130 S Mai	AL RESIDENCE (IF NURSING HOME ON TATE 136 COULT	VIY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Huntingt	N	YES NO P	3820 Capi			39
	160 W	THER'S NAME FIRST  George VAS DECEASED EVER IN U.S. AR		Scott	RITY NO	Minnie  17 INFORMANT	MIDOLE	DRESS	Math	
4	- (1	ES, NO OR UNKNOWN]  18 CAUSE OF DEATH (Enter of	E WAR OR DATES!	577-07-5		Susan Scott	3820 Capit	al Hi	11 Lane	MATE INTERVAL ONSET AND DEATH
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 10 storing the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, O  (c)  CONDITIONS C	o faretry	NCE OF		200 AUTOPSY?	20b IF Y IN CERT	TIFYING CAUSES	NGS USED S OF DEATH?
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINER 21d IN JURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK 220 I certify that (I) (this hosp sow the deceased alive or obove, (I) we (did) (did no 27b SIGNATURE	P PLACE (AT HOME, STI	M. MONTH DA  M  OF INJURY REET, FACTORY, OFFICE, FA  e deceosed from	19 ARM, ETC)	211 LOCATION STREET  211 LOCATION STREET  19 S nd that in (my) (our) oprini DEGREE 20 ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL S	TAFF	COUNTY	
0	24 FU	URIAL, CREMATION, REMOVAL SPECIFY Burial DINERAL DIRECTOR NAME ENCEY E. Sewell	Oct. 1		atuxe ch Rd	. 0	Hunting		Calvert	

# BALTIMORE, MARYLAND 2120 W. PRESTON ST., DIVISION OF VITAL RECORDS, 201

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

- 9	()	2 1	7
3	U		1

- STATE REGISTRAR REG NO DECEASED NAME FIRS 20 DATE OF DEATH MONTH 2b HOUR 3 SEX . DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) February 21, 1906 Female Caucasian 81 YRS TO BIRTHPLACE ATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINITRY U.S.A. enn. WIDOWEDIX ID CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE APMISSION 136 COUNTY 30 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 6204 District Height Parkway P. G. District Hats Maryland NO X YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Berton Roy Shirley Minie Kemmer Mae ADDRESS 6806 Berkshire Dr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Camp Springs, Md 20748 191-28-4661 Russell Scott No 18 CAUSE OF DEATH Enter only one couse per l m to line 19 PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse a stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES P 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR | DR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDIC ALEXAMINER PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) STREET A WORK AL WORK 22a. I certify that (I) (this haspital) attended the deceased from, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated we didn't did not see the lock after dear DEGREE The DATE-SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FO 22w ADDRESS TIG BURIAL CREMATION, REMOVAL THE NAME OF CEMETERY OF CREMATORY 234 LOCATION THE DATE Maryland Barstow Calvert 11/02/87 Ashbury Meth. Ch. Cem Burial 24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

DHMH - 16 60M 7 / B4

6633 Old Alexander Ferry Rd. Clinton, Md 20735 (VRA 15, 4)

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Dividson Pandage

DHMH 16 60M 7 84 (VRA 15, 4)

# STATE OF MARYLAND

	- 17	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG NO		
		CEASED NAME FIRST	WIDDLE		AS1	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	LIABE	NORMa	n C.	5e	hroth	Oct	5 1987	650 M
	3 SEX	(	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR	IF INDER 21 HRY
		male	Caucasian	FE	b 26 1905	82 YR	S MUNIHN DAY	HOURS MIN
1		RTHPLACE IN ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
1		Shington D.C.	11.5 A	WIDOWI		Prince George	no Coul	hty MD
			11. NAME OF HOSPITAL NURSI			120 USUAL OCCUPATION		F BUSINESS OR
	0.	1 0 61	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	0 1.	(TYPE OF WORK FOR MOST DE WORKING		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	1	reenbelt	Greenbelt 1	MRSI	ng Center			
1	13g S		other institution give residence before ITY   13c CITY OR TOY   Washingt	VN,	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 666 Maryland	Ave. 200	02 N.E.
	14 FA	THER'S NAME	7		15 MOTHER'S MAIDEN NA			
			WIDDLE LAST		Nellie	WIDDLE	Conl	
4		Anton Ta	. Schrott		12 INFORMANT	ADDRESS		
7			WAR OR DATES)		17 INFORMANI (Wife)	Washingtor oth. 662 Maryla	1, D.C. 2	0002
2		No	578-01-	2135	Sue E. Schr	oth. 662 Maryla	and Ave.	N.E.
		PART L DEATH WAS CAUSED	ly ane cause per line for at, (b) or DBY  E CAUSE (a)	de la	Thro	mboni		IMATE INTERVAL ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause a stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE TO, OR AS A CONSEQUENCE OF THE TOTAL OF THE TOTA	in	Miling	neenon,	en la	
	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GREN IN PART 1	o
	o l	Carle	revura 07	MI	stil.	monen	1 supl	u su
1	CERTIFICATION	THE DATE OF OPERATION	THE CONDITION FOR WATCH	POPERATIO	AL WAS PERFORMED	THE AUTOPSTY THE HINTER	YES, WERPFINDIN RTIFYING CAUSES YES []	
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING (AUSE OF DEAT		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART DR PART Z	
	MEDICAL	21d INJURY OCCURRED  WHILE NO! WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC )	211 LOCATION	CITY OR TOWN	COUNTY	! A) E
		22a I certify that (I) (this haspite	al attended the deceased fram.	15	July 195)	10 5 67.7	19 8	that if (we) has

saw the deceased alive an South abave, (I) (we) (did) (did not) view the bady after death

236 DATE

10-9-87

220 ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN SOURCETOR PHYSICIAN

220 DATE SIGNED

Fogarty, M. Thomas

7676 NewHampshire Ave. Langley, Park, M.D. 23d LOCATION

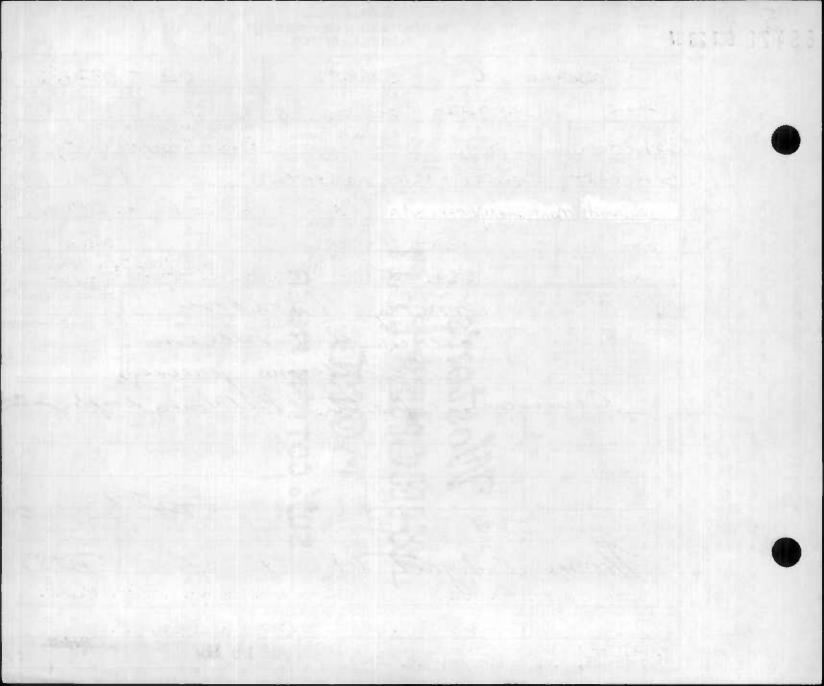
230 BURIAL, CREMATION, REMOVAL Burial

231 NAME OF CEMETERY OR CREMATORY Olivet Cemetery Mt.

Washington, D.C.

and that in imy! (our) opinion death accurred on the date and have and from the causes stated

J. William Lee's Sons Company 300 4th St. N.E. Washington, D.C. 20002



#### CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH Marie 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH Oct. 10, 1904 AR White Female To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland 11. NAME OF HOSPITAL Maid work for most of working life P.G. Ft. Washingtones To No 17 315750018 Fort Road Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Lillian Philpott John 17 INFORMANT (Grandaughter) Ess 10325 Old Fort Road 66 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN LIE YES GIVE WAR OR DATEST Charlene B. Bernsen Ft. Washington, Md. 578-18-5792 No 18 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART OF PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 1. 1. 2. - obove, (I) (we) (did) (did not) view the body affer death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 226 SIGNATURE 22e ADDRESS

11/02/87

DHMH = 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

Burial

(SPECIEVI

Francis Gasch's Sons Funreal Home, P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ft. Lincoln Cemetery Brentwood 236 REGISTRAR'S SIGNATURE

4739 Baltimore Avenue Hyattsville, Maryland

Davidson Pan

22c DATE SIGNED

Crown

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

10 -- 11 -- 1 

[/		1.	FOR	DEPA	RTMENT OF HEAL	H AND MENTAL HY	GIENE 4	1 4 5
207	0000	1	STATE REGISTRAR	DOME		CERTIFICATE OF	DEATH	9
0/	0380	N 676	PECHASTINAME FIRST	WIDDI		LAST	REG. N	MONTH DAY YEAR 26 HOUR
	w	(1	(PE OR PRINT)	F.n.	5	015	OF ESTI- DEATH MATED	10 37 67
	EAS TOR TIES	3 SI		5 DATE OF BIRTH	6 AGE (IN YEARS   IF I	JNDER 1 YR. IF UNDER 24		MONTH SAY YEAR 14 HOUR
	REC DR F DR F STI	7	hele White	MONTH DAY YE	LAST BIRTHDAY) MO	NTHS DAYS HOURS M	PRONOUNCED DEAD	2-27 67/127
	Y OUT	70	BIRTHPLACE (STATE OR	12-8-15	71 YRS.		9 RALTIMORE CITY	OR COUNTY OF DEATH
	NECESSARY, PLEASE "UNERAL DIRECTOR." 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET,	/	OREIGN COUNTRY)		MAF	RRIED NEVER MARRIED		
	ELAY IS NECESSA TO THE FUNERAL 1 PAGE 5 FOR Y BEFILED, WITHIN DS, 201 W PRESTO		G.Carolina  CITY OR TOWN OF DEATH	U.S.A.	NURSING HOME, OR O	WED DIVORCED	☐ Prince (	
-11	A HE	2		(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
1	ANY DELA AND 3 TO RETAIN PA HOULD BEE		Janham  TAL RESIDENCE (IF IN NURSING HOME O	Doctors H	ospital O	f lanham	Vice-Princ:	ipal H/S
201	SCH SC	13a	STATE 136 COUNT	Y 13c 0	ITY OR TOWN		STREET ADDRESS	
. 21	A P A P A P A P A P A P A P A P A P A P	2		Geo. Co	llege Pk.	YEXX NO		nester Pk. Dr.
W	F- \$25	211	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN I	NAME	20740
OR E	DEATH CGES 1.	<u> </u>	Unk.			Unk.		
IW	FTER DE FORM GES 1 AT		WAS DECEASED EVER IN U.S. ARA YES NO. OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	
BALI	A>TUS	/ 🛌				3 Therese D	. Seals sar	me as 13e
- 2	WIT PA		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	y one cause per line (dir/a)	(b), and (c)	- 1 7		APPROXIMATE INTERVAL BE WEEN ONSET AND DEATH
N S	AH HO DNO DNO ERN AL			E CAUSE (a)	ele arter	ropolleur	Cardidos	sculat
510	A A CO			DUE TO, OR AS A	TO SPHENOSSHOP	/		
gr.	WITHIN NCIL IN INER / INER / ITAL H'		Conditions, if ony, which gove rise to immediate	(bun	Measi	2)		
*	V PENCIL XAMINEI AL - TRAN MENTAL N, OR RE		couse (a) stoting the <u>under</u> lying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	ECUTE NE EX URIAL TION			(c)				
RDS	2000000		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1	a	
0	SA S	CERTIFICATION						
7	A FIRST A	3	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
VII.	SHOUL VORD "F CHIEF BE USED NT OF HI	<b>3</b>						YES NO NO
Ö	TIFICATE SH IG THE WOR TO THE CH HOULD BE I			HOUR A.M. MON		HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
O	AR JOHN	N S	CONTRIBUTING CAUSE OF D		19			
VIS	HE GS GG	MEDICAL	WHILE ON NOT WHILE	21e PLACE OF INJU		OCATION STREET	CITY OR TOWN	COUNTY STATE
۵	WRI WRI AGE ATE 1201	~	WHILE NOT WHILE AT WORK					
	R: T VR. VR. P. E ST D, 2		22a I certify that I took charge	of the remains described	obove, held an Auto	psy Inspection	Inquiry a	nd in my opinion
	MINE FECTO FITH THITH YLAN			ol couses Accide			Indetermined manner .	, , , , , , , , , , , , , , , , , , , ,
	EXAMI CERTIFI ULD BE DIRECT WARYL		~1	-101	0			
	CAL EXA THE CER SHOULD BRAL DIR (ATH, W)		SIGNATURE PLACES	unto 4. K	Hugues _	Deputy	MEDICAL EXAMINER	DATE 10-27-87
	ORE STATE	0		//	10			
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTMORE, MARYLAN	X	(TYPE OR PRINT) Augus	to P. Rodrig	guez, M.D.	ADDRESS 009 Rayl	ourn Ct , Tem	ple Hills, MD
	TO M EXECT PAGE TO PL	73a	(SPECIEV)		3c NAME OF CEMETERY	OR CREMATORY 12	3d LOCATION	
07 84	BP			10/30/87	Arlington	Nat'l Cem.	Arlington,	Virginia
25M	DHMH 17	24	FUNERAL DIRECTOR Rendo	n/Hale Lan	ham Fun'l	Home 250. DATE REC	D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
	(VR A15 ME (5))		9013 Annapoli	s Rd. lanh	am, Md. 2	0706 OCT 3	U 1981 gilia d	withern Rendall

070384144-287 Study Larbon . 10 . Targhe Miller W. 

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG NO

CEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) October 4, 1987 5:17 P Alene SETTLE Mabel 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY 7, 1915 Sept. BLACK FEMALE TO BIRTHPLACE TATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED XX MARRIED Mississippi Prince George's USA WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Doctors Hospital Lanham 1. S. Governmen Retired BUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 409 E Street, S.E. Washington YES X NO D.C. 15. MOTHER'S MAIDEN NAME M FATHER'S NAME Settle Birdia Richardson Will 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Mrs. Mildred Bradford/1230 45th Pl. S E 579-05-0810 18 CAUSE OF DEATH (Enter only one cause per line for rat, (b), and repart I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RULATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [] 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATI-RE OF INJURY IN ITEM & PART - R PART) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY LITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) STREET WHILE NO WHILE 220 I certify that III (this hospital) attended the deceased from 10/4 saw the deceased alive on 1014 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Metropolitan Crematory Cremation 10-5-87 Alexandria, Virginia 24 FUNERAL DIRECTOR Washington, D.C.

John T. Rhines Company Funeral Home, 3015 12th

(VRA 15, 4)

FOR		
STATE		
DECLETRAD		

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

n	е.	G.	b. 1	0	
ĸ	۳	L3.	N	U.	

00		REGISTRAN				REG. NO.			
UL	DEC	EASTO NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
		Eleanor	Baker	SHELDON		October 26,	1987 v	r	6:55P
	3 5E>		4 RACE	5. DATE OF BIRTH	WE LD	6 AGE (IN YEARS LAST BIRTH	DAY) IF	INDER YEAR	IL NOFR, 4 HR
1	5	Female	Caucasian	Aug, 28,	1915	72	YRS	DAY.	HOURS MI
19		RTHPLACE ( ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR			BALTIMORE CITY OR	COUNTYO	DEATH	
00	Ne	w York	U.S.A.		NARRIED	Prince Ge	eorge	¹s	,
ed	10 ⊂1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OF OTHER INS		120 USUAL OCCUPATIO	N	12b KIND O	F BUSINESS C
Ji John J	La	nham	Doctors Hos	pital		waitress			urant
og.	USUA 13- S	L RESIDENCE (IF NURSING HOME C TATE 1136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)					
1				nton YES	CITY LIMITS?	6004 Arb	roath	Dr.	20735
2		THER'S NAME			SMAIDEN NAM	E			20,33
1/		William T.	Baker	To	da	WIDOLE	Va	nBran	ier
-	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORM	ant neph	ew ADRRAS			nb Cir
9/	{ Y	ES, NO OR UNKNOWN) (IF YES G		3-6385Rober			z blan		2 35
2/				. ,	/	ance Hulle.	2 / T T T	APPROXI	MATE INTERVAL
-		PART L DEATH WAS CAUS	B 1 51 1 hora.	She f st	e 51.			BETWEEN	ONSET AND DEAT
Ve >		IMMEDIA	ATE CAUSE (a)	shuf a					
mot			DUE TO, OR AS A CONSEC	DUENCE OF					
troo		Conditions, if any, which gove rise to immediate	(b) > C/LS	4.5					
ipe'		cause (a), stating the underlying cause last	DUE TO, OR AS ACONSEC	DUENCE OF O	1./	M. 1.	+ +	- 1 .	H
0 0			10 Crept	my Klery	mto 21	as miles	Mutz	ल्प	My Corp
ory.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN	IN PART 1	
, in	CERTIFICATION	19 PERATION	TIGH CONDITION FOR WALL	CH OPERATION WAS PERF	OBMED	20a AUTOPSY?	20b IF YES, W	/EDE EINIDIN	100 1100
2 S O	FIC	7/2/1-9.7	13 Ceciting du	orens weer	pinetro		IN CERTIFYIN		OF DEATH?
of -	RTI	210 ACCIDENT WAS UNDERLYING	To the hour	· Clies	NULLEY OCCUPE	YES NOUN	YES [		NO E
18		OR CONTRIBUTING CAUSE OF O		DAY YEAR	NJURT OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 7	
Hera	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19	1011				
OP	MED	21d INJURY OCCURRED	21e PLACE OF INJURY	E FARM ETC 1	ION	Lity OF TOWN	4	CORINTY	TATE
-x		AT WORK AT WORK				1.1261	V7		
0			oital) attended the deceased from	11-101	19	10 /0/60/0	19.		that II (we la
S B		sow the deceased olive o	n 8 7 6 9 19	ond that in (my	) (our) opinion d	eath occurred on the date	and hour ar	nd from the	causes stated
. 21 is mo				DEGREE				274 DATE	SIGNED
Item 21 is mo		THE STANKE		)		AAEDICAL STAES		10-1	27/1/1
T. If Item 21 is mo		Sul Sé	yan Mil		PHYSICIAN P	MEDICAL STAFF	N	10/0	-//01
TANT: If Hem 21 is mo		PREPRESENTATION S NAME : 1114	yan Mel	22e ADDRE	PHYSICIAN	DIRECTOR PHYSICIA	N 🗌	10/0	-//0/
OORTANT: If Item 21 is mo		Kluttso	· ·	22e ADDRE	PHYSICIAN (S)	DIRECTOR PHYSICIA		10/0	× mD
IMPORTANT: If Item 21 is mo	23a B	PEPHYSICIAN SNAME INFI ELIE SAY	IAN	22e ADDRE	SS LAN	DIRECTOR PHYSICIA		10/0 208PL	x, mo
IMPORTANT. If Item 21 is mo		ELIE SAY	1   236 DATE   23	22e ADDRE	SS LAN'	DIRECTOR PHYSICIA	A CHE	QUNIY	JTATE
-	Ć	ELIE SAY  URIAL, CREMATION, REMOVA  PECIFY)	(A) 1 236 DATE Oct. 28, 1987	220 ADDRE SECTION NAME OF CEMETERY OR Lee Crema	PHYSICIAN (1) SS LAN CREMATORY RETORY	DOUEL, RO	on, P	ounty Ge	orge
MPORTANT: If Item 21 is mo	24 FU	ELIE SAY  URIAL, CREMATION, REMOVA  PERIAL DIRECTOR LOC  NAME	1   236 DATE   23	270 ADDRE SE SE S	PHYSICIAN C SS LAN CREMATORY 250 DATE	23d LOCATION CITYOFTOWN Clinte RECD BY REGISTRAR 255	on, P	ounty Ge	orge.

170252 ccf2967 "

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR a DATE KNOWN (TYPE OR PRINT) DEATH MATED DATE LAST BIRTHDAY RONOUNCED DEAD MARRIED NEVER MARRIED FOREIGN COUNTRY D.C. U.S.A. IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYRE OF WORK 126 KIND OF BUSINESS Prince George's Gen. Hosp. U.S. GOV Maintenance Cheverly 3a STATE 136 COUNTY Deanwood Park 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Zion Md. NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Shepherd Adair Mary Lawrence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 577-32-7659 Nancy P. Wimes-Same as # 13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ander jul money arrest DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which monory Carcinoma with nutrant onnalin gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL AND ME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of ED AS A F tim plustic Cardio Vantules ducens 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USING BATH, WITH THE STATE DEPARMENT OF BATTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES NO L 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET FACTORY FARM FTC 1 STREET CITY OR TOWN WHILE NOT WHILE T 720 I certify that I took charge of the remails a mibed above, held an Autapsy Inspection death resulted from Natural causes Accident Homicide JITLE (SPECIFY) DATE 10-12-87 Deputy 1760566 MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. \_\_\_ADDRESOO9 Rayburn Ct , Temple Hills, MD 23 BURIAL CREMATION REMOVAL 235 DATE LAMI) ONER, P.G. 07 84 24 FUNERAL DIRECTOR DHMH 17 H.S. WASHINGTON & SONS 4925 BURNOUGK (VR A15 ME (5))

Chaverly Erimon Horsen's Jan Dell Marting L. L. Tor L. As rois than a time from the Ath. broke of a column - sould . I wowen loade crucks

3 1 25 40 FG 8 8 7 7 2 2 2

(VRA 15, 4)

068569

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

69 OCT	14	FOR FATE GIGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE /	o.	0 4
deoth deoth	(TYPE	ECEASED NAME RIPST PE OR PRINT)		OCKLE		10/3	2/87	26 HOUR OF M
ofter ofter	3 SE	Female	A RACE Black	MONT	OF BIRTH 14 . 1925	6 AGE (IN YEARS LAST BIRT	MONTH	YEAR IF IN FR. 3 HK
orthin 72 hours	N	BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolin CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 12 USA 11. NAME OF HOSPITAL, NURSI	MARRIE WIDOWI	EDXXNEVER MARRIED	PRINCE GE 120 USUAL OCCUPATION	ECRECES COL	INTY MD
tiled the	CI	INTON	SOUTHERN Md. H	tospiTA	al Center	Retired-	-School S	
hould be	13a S	Washington, D.	INTY 13c CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 1804 Br	zip cope anch Ave	enve, s/E,
ond 2 st	14. F.A	Henry Broadw	väg, Sr. LAST		Cordest Mae			LAST
Poges 1		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN)   (1E YES GE NO	RMED FORCES? 166 SOCIAL SECTION (1884 SECTION 1884) 1 5 7 7 3 8		17 INFORMANT O Sears Sho	ADDRE OCkley-hus	sband-180	04 Branch
d by the offending pin lease remove carboning iol, cremotion, or remo or other froamotic even	2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)		wa of the	e China		
s been signed remit. Then plus prior to burn sony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	206 IF YES, WERE FI	INDINGS USED
-tronsit pe -tronsit pe bl Hygiene n 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LIGHT AND MONTHS OF	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	YES 🗌	NO []
fter this cert os the bunol th and Ments orked or Iten	MEDICAL	CIE EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		19 E FARM ETC ;	21f LOCATION STREET	ITY OF LOV	own Ount	TATE
of Health		saw the deceased alive on abave, (I) (we) (did) (did no	pital) attended the deceased from in 19:	, a	1 / 2 4 , 19 & 7 and that in (my) (our) opinion a	_ to death occurred on the do		
AL DIRECTOR DETECTOR DIRECTOR DETECTOR DE		226 SIGNATURE	an Acti		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	FF	Date SIGNED
FUNER Sould be of the Strange PORTAN		22d PHYSICIAN'S NAME (TYPE OF WILLIAM Ka			22e ADDRESS	Maryland		à
19		BURIAL, CREMATION THOUSAND	23b DATE 23c Oct. 7 1987		CEMETERY OR CREMATORY  dar Hill Cem	metery Su	iitland, Y	larylañ'd
16 60M 7/B4		UNERAL DIRECTOR	who had Doll	WZ		TE REC'D BY REGISTRAR		

070399

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	G.	N

OCT 3 0 1987

Z UNEGISTRAR				REG. NO				
1 DECEASED NAME FIRST	MIDDLE	LAS	1	20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR	
Allen	н.	Sie	rer	10	27	87	6:50	Рм
3 SEX	RACE	5 DATE OF		6 AGE IN YEARS LAST BIRTHDAY	(FLIN	INFR OF AR	IF NIER A	
Male	White	Sept.	7 1899	88	YRS	H (AtS	HÖUR	MIN
To BIRTHPLACE (STATE OR FOREIGN TOUNTRY)	CITIZEN OF WHAT COUNTRY	Y? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF	DEATH		
New York	U.S.A.	WIDOWED		Prince Geor	rges			MD
Forestville	1. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  Regency Nurs	ET ADDRESS)		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR  Machinist - F	RKING LIFE IN	NDUSTRY	Gov't	
USUAL RESIDENCE (IF NURSING HOME OR CLIST STATE 13b COUNT	THER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	20	748	
Maryland Prince	George Temple	Hills	YES X NO	5100 Ludlow	Driv	e 20'	740	
14 FATHER'S NAME	IDDIE LAST		MOTHER'S MAIDEN NAM			IAS		
	C. Sieres	r	Nellie	MIDDLE		Horne		
160 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN)   I IF YES, GIVE	MED FORCES? 166 SOCIAL SEC S77-50-	7348 k	ninformant Cathleen Harr	4705 Hende	rson	Rd.	and	
Conditions, if any, which gave rise to immediate cause tol, stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQ	ODEATH BUT NO	emia	20a AUTOPSY? 20b	The ON GIVEN IN	RE FINDIN	NGS USED	
RITE	Thus of himby		2) 110	YES NO	CERTIFYING		NO []	
OR CONTRIBUTING CAUSE OF DEATH	P.M	DAY YEAR		ED (ENTER NAT. PE OF INJURY IN I	EM 18 PAR'	RPAR1/		
21d INJURY OCCURRED  WHITE NOT WHITE A WORK AT SOUR	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		III LOCATION STREET	ITY OR LOWN		PUNTY	HAI	E
270 I certify that (1) (this hospital saw the deceased alive on _	10/27/19	0 -71	that in (my (our) opinion of	to	nd hour and	I from the		last
Milion	Liercher	Shor		MEDICAL STAFF DIRECTOR   PHYSICIAN		IN DATE	28/	6
228 PHYSICIAN'S NAME (TYPE OR	PRINT)		77e ADDRESS			1	/	
Kelvin Minchin	M.D.		6188 0xor	Hill Rd. Ox	kon Hi	11, 1	Md.	
23a BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION	1	UNIY	STAT	IF.
Buria1	10/31/87 C	edar Hi	11 Cemetery	Suitland	P.G.	Mar	yland	

DHMH 16 60M 7 84 (VRA 15, 4)

MPORTANT If Ite

74 FUNERAL DIRECTOR

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md.

000	3520	201	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
000	0 0 2 0 0		TECHTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO
		10	DECEASED NAME FIRST	MIDDLE LAST . 20 DATE KNOWN MONTH DAY YEAR 76 HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS FOR PRESTON STREET,		Jeni	DEATH MATED 10 7 1987
	STREET	3 3	EX 4 RACE	S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED
	ARY, OUR TON	1	I Musice White	08/21/00 87 YRS. DEAD 10-7 1987 15 N
	NECESSARY, UNERAL DIR 5 FOR YOUR WITHIN 72	YL	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	S S S S S S S S S S S S S S S S S S S	and a	rlington Mass.	U.S.A. WIDOWED X DIVORCED Prince Georges MD
			CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WORK INC.)  FOR MOST OF WORKING LIFE)  17b KIND OF BUSINESS OR INDUSTRY
	DELAY 3 TO TH IN PAC D BE FIL		Clinton	Southern Maryland Hospital Homemaker
201	- CE - SO		STATE 1136 COUN	
. 21		)		nce Georges Dist Hgts X NO 6508 Elmhurst Street
WD	H-808/	14	FATHER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
ORE	DEATH GES I. AND AND	4	Joseph Lon	
SALTIMORE, MD. 21201	VE PAC VE PAC GES 1 SION (	/ 160	WAS DECEASED EVER IN U.S. AR.	WAR OR DATES)
BAL	JRS AF WITH WITH PAG DIVISI		NO	021-03-7860 Natalie Scimonelli same as #13
	3		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c).
PRESTON ST.,	A 24 HON N ITEM 1 ALONG IT PERMI YGIENE,			TE CAUSE OF THE THE DELLETTE CENTER OF MILET BY AND ROLL OF SHE
EST			Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF
	MITHINER INER RANS RANS REA		gove rise to immediate	(b)
5	UTED WITH IN PENCIN EXAMINEI EXAMINEI RIAL - TRAN D MENTAL ON, OR RE		cause (a) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE OF
5, 2	J= W - 00		Part of Other Country of the Country	(c)
DIVISION OF VITAL RECORDS, 201 W	WILD BE EXECUTED "PENDING" IN P. EF MEDICAL EXA SED AS A BURIAL HEALTH AND ME AL, CREMATION,	1 2		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10
REC	MED AS A	1 8	Ha DATE OF OPERATION	List Condition for which operation was performed attacks
¥	SHOULD ORD "PE CHIEF A E USED A T OF HEA		THE DATE OF OFERATION	20 AGIOSTI
E E	HIS CERTIFICATE SHOULD WRITING THE WORD "PER ARDED TO THE CHIEF MACE 3 SHOULD BE USED A VIE DEPARTMENT OF HEAD SHORT TO BURNAL, C	LX N	21g EXTERNAL CAUSE WAS	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ō	A HE SHEET			HOUR A.M. MONTH DAY YEAR
Sio	CERTIFI TING TO DED TO 3 SHO DEPAR 1 PRIOF	To Close	CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY (ATHOME, 21f LOCATION
D V	RETIPE RETIPE REDE	2		STREET FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	2722		AT WORK AT WORK	
	EXAMINER: CERTIFICATE FULD BE FORV. DIRECTOR: I, WITH THE S MARYLAND,		220 I certify that I took charg	e at the remains described abave, held an Autapsy , Inspection Inquiry and in my apinion
	WE WE WE		death resulted from Natur	al causes Accident Suicide Hamicide Undetermined manner
	WAN WEEK		ACTUAL AMENIA	TITLE (SPECIFY) Deputy Date 10-9-87
	MEDICAL ECUTE THE GE 4 SHOU FUNERAL TER DEATH,	7	SIGNATURE	M.D. Deputy MEDICAL EXAMINER SIGNED 10-8-87
	AEDI UNE P DE IMO	2	EXAMINER'S NAME	rate B. Beddiener M.B. FOOO B. 1. C. M. 1 Hill MB
	PAGI PAGI PAGI PAGI PAGI PAGI PAGI PAGI	23.	BURIAL, CREMATION, REMOVAL 2	usto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD  3b DATE 123: NAME OF CEMETERY OF CREMATORY 123d LOCATION
07. 5		236	(SPECIFY)	10/10/07 CIL T
07 84 25M	BP	24	ELINIEDAL DIDECTOR	Trymodell Hass.
	DHMH 17 (VR A15 ME (5))			WILLIAM FUNCTION OF A PARTY AND
	(11111111111111111111111111111111111111	-	1308 Suitland	Road, Suitland Maryland 00113 1881

1041 15 033330 The state of the s OCT 13 1887 CT - 150-

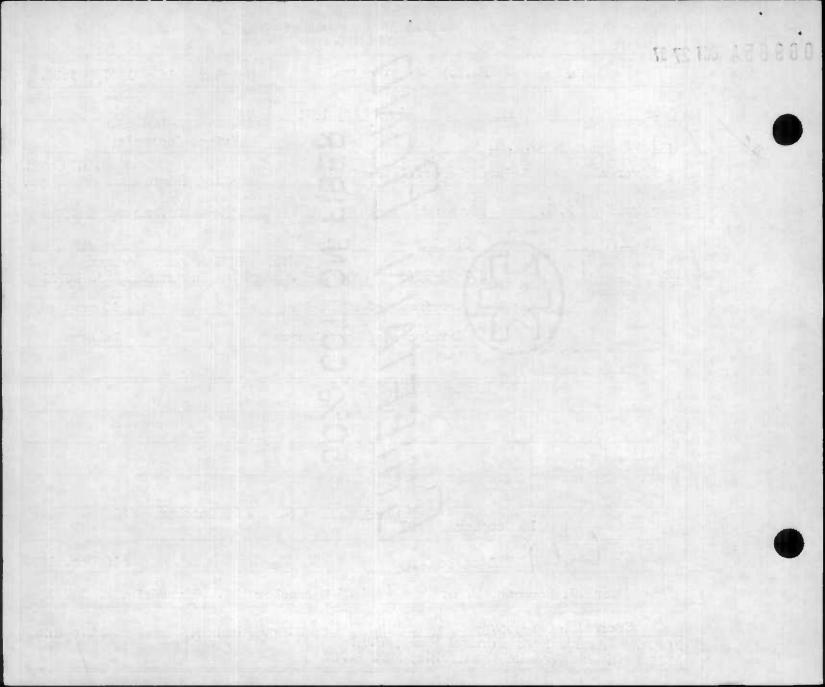
STATE OF MARYLAND 068160 OCT 9 07 TERRE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 2a DATE OF DEATH 26 HOUR DYTE OF PRINT 1. SEX March 4, 1943 TEAR Female Black TO BIRTHPLACE TATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. RINCE GEORGES LOUNT WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Security Security Officer LINTON P. G. Be CITY OR TOWN Dord 8405 Rosaryville Rd 20772 Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Young Katherine Doctor L. Simmons ADDRESS Iverson St. 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 220-42-4669 Karen P. Simmons #203 Oxon Hill Md 20745 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), CRISI Hyponten Sive Conditions, if any, which gave rise ta immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AL RECORDS CATH 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART . HOUR A.M MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION LITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 220 I certify that (1) (this haspital) attended the deceased from October Octobe 87 October 1 saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nati view the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN M Stuket J. GODDMAN 7501 Surratty RD. CLINGON MA 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Prince George's Md. Resurrection Cemetery Clinton 10/06/87 Burial 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE DHMH 16 60M 7 84 (VRA 15. 4) 663B Old Alexander Ferry Rd Clinton, Md 20735

FOR STATE

#### STATE OF MARYLAND

CERTIFICATE OF DEATH

DOT	17	REGISTRAR			CERTII	TORIL OF DEATH	REG. N			
001		O ODIA	FIRS!	(N.M.I.)		TOT ATD	20 DATE OF DEATH		TOOT	26 HOUR P
			ames			NCLAIR	October	16	1987	5:30 <sup>P</sup> <sub>M</sub>
	3 SE	X	1	RACE	5 DATE (		6 AGE TINYEARS LAST BE	RIHDAYI	ACTO TO CAT	I N. R. JAR
6		ale		White		h 18, 1913	74	YRS		
7-1	1.	RTHPLACE - TE KEER		CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_		
1	-	eland ITY OR TOWN OF DEATI		J.S.A.  NAME OF HOSPITAL, NURS	WIDOWI		Prince	0		MD
13		Riverdale		Leland Memor	ial Ho		170 USUAL OCCUPAT htype of work for most Operating	OF WORKING LIFE		S. Govt.
3	13a : Ma	aryland	P.G.	13c CITY OR TO RIVER BE SIDENCE BEFORE RIVER DE L'ANDRE	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 6005 Norma			20737
17	114 F/	ATHER'S NAME	AA ID			15 MOTHER'S MAIDEN NAM	ME		, Α	
=	1	Robert		Sincla		Lilly			Freer	
1			IUS ARME	AR OR DATES		17 INFORMANT (Wife				
1	N			577-09-5	905	Roberta L. S	<u>inclair Ri</u>	verdal	e, Md.	
		18 CAUSE OF DEATH		one couse per line for a b in						MATE INTERVAL ONLET AND DEATH
			AMEDIATE	Larci	noma d	of right lung			10 n	nonths
		617		DUE TO OR AS A CONSEQUENCE	JENCE OF	of hypopharynx			Unkr	าดพา
		Conditions, if any, v	diote	101						
		cause o stating underlying cause	the last	DUE TO, OR AS A CONSEOR	JENCE OF					
		PART 2 OTHER SIGNIE	ICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR LON	IDITIONI GIVI	ENLINI DADT 11.	
20	ATION			TOTAL CONTRIBUTION OF	DEAM BOI	NOT RECATED TO THE TERM	MAL DIREATE ON CON	DITION GIVE	LIA MATAKI III	
X	CERTIFICATI	190 DATE OF OPERATIO	DN	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSYD	IN CERTIFY	, WERE FINDIN YING CAUSES	
	CER	210 ACCIDENT WAS UNDER		216 TIME OF INJURY		216 HOW INJURY OCCUR	4000		-	
-1	AL	OR CONTRIBUTING CAL		HOUR AM MONTH (	DAY YEAR					
	MEDICAL	?1d INJURY OCCURRED	D	?1e PLACE OF INJURY	FARM ETC	711 LOCATION	1 Y JW 10	OWN	- INIT	THE ALE
21 is mar		270 I certify that I it	his hospital	attended the deceased from 16 October 19 19	9 Mar 87	ch 19 64	to 16 Octo	ober i	and from the	that I (we last
E E		226 SIGNATURE	- /)	new the body (their death		DEGREE			224 DATE	
		la.	al	Torrenar	1 1 1	ATTENDING PHYSICIAN IS	MEDICAL STA		16 0	ct. 1987
7		224 PHYSICIAN'S NAM	E (TYPE OR PI	nt)		22e ADDRESS	, once on Egitton			
		Carl	J. Ho	umann, M. D.		4404 Queensb	ury Rd., R	iverda]	le, MD	20737
_		SPECIFY)	MOVAL	73b DATE 73c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		UNITY	1475
		Cremati		10/20/87 Me	tropol	itan Cremator	v Aleandri	2		/irginia_
7 84	FF	affeis REGAscl	h's So	ons Funeral Ho	ome', h	.A. 250 DATE	ERECD BY REGISTRAR	256. REGISTR	RARSSIGNAT	URE
4)	47	39 Baltimore	e Ave	nue Hyattsvill	e, Md	. 20781				



injury, or ather troumatic event, th

MPORTANT If Hem 21 is marked or Item 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

070390 NOV 1-2507E

To Deceased Name (1996)  To Deceased Name (199
Male Caucasian February 10,1921 66  76. BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED NEVER MA
Male Caucasian February 10,1921 66  76. BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED NEVER MA
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ☐ NEVER MARRIED ☑ 9 BALTIMORE CITY OR COUNTY OF DEATH
COUNTRY)  MARRIED   NEVER MARRIED
Washington, D.C. I U.S.A. WIDOWED DIVORCED DI MAIACE CALLES
10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  Maintenance  12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  Maintenance  12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  Maintenance
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFØRE ADMISSION) 130 STATE 130 COUNTY 131 CITY OR TOWN 131 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE
Maryland Prince George Temple Hills YES € NO □ 2999 Brinkley Rd. Apt. 102
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
William A. Six Victoria Rose
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 2999 Brinkley Rd., Apt. 102 Yes WHII 579-14-5541 Bertha Myers 2pg Hills, Md.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c),  APPROXIMATE INTERVAL  APPROXIMATE INTE
PARTI DEATH WAS CAUSED BY Motos let a Lung CAUCER 19 Menths
DUE TO OR AS A CONSEQUENCE OF
Conditions, if ony, which (16) DUE TO, OR AS A CONSEQUENCE OF SUREME CONSEQUENCE OF SUREME
Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
Conditions, if only, which gove rise to immediate (b) Superke Cere Stadeone
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
Conditions, if ony, which gove rise to immediate cause fol, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID.  190 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY HOUR AM MONTH DAY YEAR.  211 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY HOUR AM MONTH DAY YEAR.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID.  190 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY HOUR AM MONTH DAY YEAR.  211 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY HOUR AM MONTH DAY YEAR.
Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost.    Due to, or as a consequence of underlying cause lost.
Conditions, if ony, which gove rise to immediate cause iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0  190 DATE OF OPERATION  190 CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTION   OR CONTRIBUTIO
Conditions, if ony, which gove rise to immediate cause iol, stating the underlying couse lost.    Due to, or as a consequence of underlying couse lost.   (c)
Conditions, if ony, which gove rise to immediate cause foil, stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180.  190 DATE OF OPERATION  190 CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH HOW MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOW AM MONTH DAY YEAR OR CONTRIBUTION OF CONTRIBUTI
Conditions, if ony, which gove rise to immediate cause iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 D  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 D  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 D  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR AM MONTH DAY YEAR AT WORK AND
Conditions, if ony, which gove rise to immediate couse lost put to one as a consequence of underlying couse lost put to one as a consequence of part of the terminal disease or condition given in part 1 in part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 1 in part 1 in part 2 other significant conditions for which operation was performed 200 autopsy? 200 if yes, were findings used in certifying cause of death or contributing cause of death or contribution cause of death or contributing cause of death or contribution cause of death or contr
Conditions, if ony, which gove rise to immediate cause 101, storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 DI  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 DI  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 DI  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 DI  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  201 AUTOPSY?  201 AUTOPSY?  202 AUTOPSY?  203 AUTOPSY?  203 AUTOPSY?  204 AUTOPSY?  205 IN CERTIFYING CAUSES OF DEATH YES IN PART 1 DIPART 1 DI  PART 2 OTHER NOTIFY MEDICAL EXAMINER BY PART 1 DIPART 1 DI  PART 2 OTHER NOTIFY MEDICAL EXAMINER BY PART 1 DIPART 1 DI  PART 2 OTHER NOTIFY MEDICAL EXAMINER BY PART 1 DIPART 1 DI  PART 2 OTHER NOTIFY MEDICAL EXAMINER BY PART 1 DIPART 1 DIP
Conditions, if ony, which gove rise to immediate cause for instructing the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER
Conditions, if ony, which gove rise to immediate couse (o1), storting the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1:0  PART 2.
Conditions, if ony, which gove rise to immediate cause for instructing the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 180  PART 2 OTHER

DHMH = 16 60M 7/B4 (VRA 15, 4)

BP.

19 5-191 0 15 0 7 0 354 4 54 107 30 1987 July Tollow Bed OE 700

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

17 84

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 HEXECUTE THE CERTIFICATE, WRITING THE WORD, PENDING". IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIDING. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIRD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAN. CREMATION, OR REMOVAL.

DHMH 17

(VR A15 ME (5))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE														
	1	ISTRAR		MEI	DICAL EXAMINER'S CERTIFICATE OF DE				FDEATH	ATH REG NO					
i		SEDNAM	E FIRST		MIDELE						X MO	N AY	YEAR	76 HOUR	
	117	Car and I	Claud	19	William		Smith			OF EST	10	2/27	19 87	,	
	J. BER		4 RACE	5 DATE OF BIRTH	6 AGE		UNDER 1 YR	IF UNDER			MOI	ATH DAY	YEAR	14 HR H	
	Me	le	White	Sep. 18,	1908 79	YRS MC	ONTHS DAYS	HOURS		OUNCED DEAD	C	9/27	19 87	A. A	
6	70 BII	RTHPLACE (		76 CITIZEN OF WH	HAT COUNTRY?	18	18s.		9 BA	LTIMORE CIT	Y OR CO	DUNTY OF		1000	
0		orht C	arolina	United	States		RRIED KN	DIVORCE		inae G		ote C	ounty		
		10 CITY OR TOWN OF DEATH II NAME O			OSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORLD					ORK 12b K	IND OF BU	ISINESS			
9.	LIE NOT IN SUCH E				owanda Lane School Board						a.	OR INDUSTI			
jil	USUA	Bowie	(IF IN NURSING HOME OF	OTHER INSTITUTION GR	VE RESIDENCE BEFORE AD	owanda Lane   School				Doard	Board County Gov't				
5	13a S1		13b COUNT		13c CITY OR TOW		The second secon		13e STREET AL		a - T -		201	15	
		ryland		George's	Bowie		YESX	NO		Towan	da La	ane			
Ī	III FA	FIRST		MIDDLE	LAST			FIRST	NAME	MIDDLE			ALL		
	11 14	Will			Smith	IDITY NO	Ma 17 INFOR	tilda	70E 11-1	and Dawyo		Pickman dorf,MD 20601			
1		160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO OR UNKNOWN) (IF YES GIVE WARDOR DATES)			246-09-3						EMST	dori,	MD 20	OUT	
		yes	AA MA		1240-09-3	1470	MILI	.lam L.	. Smith	) OL.					
		18 CAUSE C	F DEATH (Enter only	y ane cause per line	far (a), (b), and (c).								APPROXIMATE		
		TARTIDE	IMMEDIATI	E CAUSE (aAC			disea	se							
		DUE TO, OR AS A CONSEQUENCE OF													
		Canditions, if any, which gave rise to immediate (b chronic myocardial disease.									Years				
	100	couse (a) stating the <u>under</u>   DUE TO, OR AS A CONSEQUENCE OF lying cause last													
	-	(c													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10													
	ON	None													
7)	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	DITION FOR WHICH OPERATION WAS PERFORMED?					20	AUTOPSY?	,			
1	TEI	Non	е								YES NO X				
	CER	210 EXTERNA	AL CAUSE WAS	216 TIME OF	MONTH DAY		HOW INJUR	Y OCCURRE	D CENTER NATURE	OF INJURY IN ITEA	A 18 PART I	OR PART 2)			
3	AL	UNDERLYING	G GAUSE OF D				lone								
	EDIC	21d INJURY	OCCURRED	21e PLACE C	OF INJURY (AT HOM		LOCATION								
	\$	WHILE AT WORK	NOT WHILE	STREET FACTO	TORY FARM, ETC )		STREET		CITY	OR TOWN		COJNTY		STATE	
										-					
				e af the remains desc			tapsy .	Inspection	-	uiry X	and in m	пу аріпіап			
		death resulted from Natural causes X Accident , Suicide , Hamicide Undetermined manner .													
		ACTUAL	///	3 D/	15			SPECIFY)			D	ATE	0/00/	0-	
-		SIGNATURE,	775	4	( COP	2 12	M.D De	puty	MEDICAL E	XAMINER	SI	GNED	9/28/	87	
		EXAMINER'S	NAME T		42		/		Seminar					MD	
		(TYPE OR PRI		n S. Roge					r Sprin		tgome	ery C	ounty	, MU	
	23a Bt	PECHY) _	TION, REMOVAL 23		230 NAME OF				23d LOCATION	N	(1 )	COUNTY	000	ATE	
	24.51			ept.30,19		rucoTr	Cemet			wood,P					
		NAME	Deart	Funerals				ZSO DATE R	REC'D BY REGI	STRAR 755 R	· A	R'S-SIGNA	D. Jack	2	
	1	.6000 A	nnapolis !	Road Bowi	e, Maryla	nd 20	715	SFP	3() 198	Gul	ra pla	aratis.	Randae	7.0	

Downe

metile ofinio

Lake white Jet. 10, 1900 79

and shower office

Maryland Frince Scores to Soute

WE'18 15/6

Prince George's County

Free col Board Donate Love and

TURNS UNI, TREATER . MIL TOLICH EU

1200 coweron bane

And gundens Road

Milyon String, Honegomery County, Ha

· 20 ( ) 自然上的 · 活动建造饮料 · 《元经之史》——《合约元

Cutto was carried water

chronic myserreini diment.

Sariyani, 0.75,200, 20, Directa Company of the conduction of the conductin of the conduction of the conduction of the conduction of the co

John B. Homers, M.D.

FOR STATE

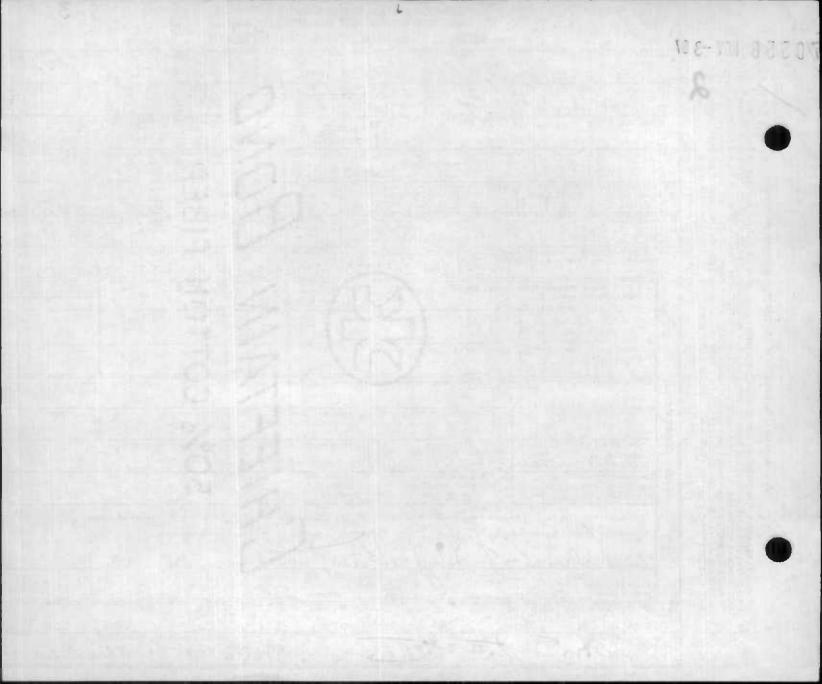
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

000			REGISTRAR		CERTIFI	CALL OF DEATH	REG NO		
025	001	120	ESSID NAME FIRST	MIDDLE	į, A	ST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		1 de	MARY	Ε.	Si	nith	10/23/2	57	10 PM
poo bo		3 SEX	( )	4 RACE	5 DATE O		6 AGE LIN YEARS LAST BIRTHDAY	IF INDER VEAR	* NUTR HR
e 4			Femile	Caucasian	MONTH	28 CS	82 YRS	MENTHS DATE	HOUR MIN
Pog dire	3		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	_	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
eoth Perol	-8		rvland	U.S.A.	WIDOWE	NEVER MARRIED U	Prince George	1 S	MD
e fur	P	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME O	OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF	F BUSINESS OR
s off	3	Gr	eenbelt	Greenbeit Con	Talles	cent Center	type of work for most of working to homemaker	INDUSTRY NOM	e
hour In be f	100		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	124 INCIDE CITY I MUTES	13e STREET ADDRESS / ZIP COD	-	
24 i	e g		ryland Pr.	George 's Suit	land	13d INSIDE CITY LIMITS? YES NO X	3412 Parkway	Terr.	20023
tely tely 2 she	e C	14 FA	THER'S NAME			15 MOTHER'S MAIDEN NAM	ME		
d w	/ Nox		James	Kerr		Ida	Mae	Но	ok
scorte	(6)		VAS DECEASED EVER IN U.S. AR		RITY NO	17 INFORMANT SON	ADDRESS D.	-0 2	Box_235
Pogo	a ed	( )	no nor unknown) I IF YES GIV	577-12-8			Smith, Jr, Bra	e. 3, andywin	e,MD
3 34	4/			ily one cause per line for ia . Ib and					MATE INTERVAL
of the state of th	11		PART I. DEATH WAS CAUSE	ECAUSE 10) Pureus		16		1.7	dein
- 1	1 2		IMMEDIA	E CAOSE 107		-			1
IE E			Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF				
IR La	11		gave rise to immediate cause a stating the	(6)					
1	1		underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF				
es th	0.0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART LA	2 6 4 10
gurr sig	to b	Z O		chowar ula area		uny sector	decubit will	es -he	abelilla
w been	ony i	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH		WAS PERFORMED	200 AUTOPSY? VOE NYE	SWERE FINDIN	
hos per	ene p	CERTIFICATION						FYING CAUSES (	NO [
ysica ysica onsit	1yg	CER	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	RED LINTER NATURE OF INJURY IN ITEM 18	PART   OR PART	
Clar ph ph prish of tr	em 1	CAL	OR CONTRIBUTING CAUSE OF DE		YEAR				
44Sh	Mer or He	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	EITY OR TOWN	OUNTY	TATE
G Pten	ond	ž	WHILE A WORK	LAT HOME STREET FACTORY OFFICE FA	ARM EIC )	STREET	ETTY OR TOWN	CONT	SIAIE
Aft	the of			tall attended the deceased from	Ever	12 1083	to Ocel 23	1987	hat I (we lost
TEN TOR	21 rs		saw the deceased olive on	Bel 2/ It view the body after death		d that in (my) (our) opinion o	death occurred on the date and ho	ur and from the c	ouses stated
hosp REC	E D		The SiGNAPHRIV	it view the body after death	<u> </u>	DEGREE		22t DATE S	SIGNED
the the			The	11enc	K	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	Oct ?	Par 198)
by by ERA	Stora		THE PHYSICIAN'S NAME	i richt)	£'	22e ADDRESS	Pointeron I misiciale	Ma	Sere ( : 4)
HOS Ined FUN	PORT		Till Berg	remann M.D.		Greenbelt	Professional	Blda G	reenbel
5 g 5 g	W A W	23a B	BURIAL, CREMATION, REMOVAL		NAME OF C	METERY OR CREMATORY	23d LOCATION		
R.D		1	specify) irial	Oct.27,1987			Suitland, P.	GOUNTY	MD
DI				Funeral Home,					JRF
DHMH 16 6	5.6633		NAME	Ferry Rd., Cl.		00	T 2.8 1987	cordson- Kan	data
(**************************************	.0033		Lu Michander	TCTTY RG., OT					

7 0 25 1 001 29 67 

•	1.	FOR STATE REGISTRAR		STATE OF DEPARTMENT OF HEALT EDICAL EXAMINER'S	· ·	1	4 1 m
37   3 OCT   5	5 87	PE OR PRINT)  Robe	ROBERT		SPENCE	20 DATE KNOWN MON OF ESTI DEATH MATED []	0 - 1019 87 M
PLEASE DIRECTOR FILES. HOURS	3 SE	Pale White	DATE OF BIRTH	-2/ 66 YRS MON	NDER I YR IF UNDER 24 HRS	PRONOUNCED DEAD 10 -	10 10 87 159 M
NACES OF THE PARTY	Pe	SIRTHPLACE (STATE OR OREIGN COUNTRY) ennsylvania	U.S.A	MARI WIDO		Prince George	
A PARTY OF THE PAR	C	neverly	FINCE	OSPITAL, NURSING HOME, OR OT	13 43 400	SUAL OCCUPATION (TYPE OF WOIL IR MOST OF WORKING LIFE) nief Bld. Engin	<ul> <li>คราบสามารถหรือ</li> </ul>
MD 1120	M		e Geo.	13. CITY OR TOWN Cheverly		12 Carlyle St.	20785
DEATH OF THE WORLD	CI	ather's NAME naries	MIDDLE	Spence	Edith	MIDDLE	Sutton
JRS. AFTER S. GIVE PA WITH FOR VITH FOR		WAS DECEASED EVER IN U.S. AR YES NO. OR UNKNOWN)  S  18 CAUSE OF DEATH (Enter of	2 WAR OR DATES)	170-14-7011	Betty Spence	e, Same as Lin	e #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, REDE TO THE CHIEF MEDICAL EXAMINER ALLONG WE SHOULD BE USED AS A BURRAL: TRANSIT PERMIT E DEPARTMENT OF HEALTH AND AGNIAL HYGIENE, DID PRIOR TO BURRAL, CREMATION, OR REMOVAL	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a) stating the <u>under lying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, O  (c)  CONTRIBUTING TO DEAT	R AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART I	ouls dires	20 AUTOPSY? YES NO
I S S S S S S		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220 I certify that I took char- death resulted from Natu	DEATH P.	M. MONTH DAY YEAR M. 19 OF INJURY (ATHOME CTORY FARM ETC.)	OCATION STREET	Inquiry and in my	COUNTY STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR: P AFTER DEATH, WITH THE ST BAITIMORE, MARYLAND, 2	× 730	ACTUAL SIGNATURE Augu	isto P. R	Conyus odriguez, M.D.	Deputy ME MEDITE (SPECIFY) ME MEDITE (SPECIFY) ME ME MEDITE (SPECIFY) ME MEDITE (SPECI	DA	GNED
07 84 BP	В	urial	Oct. 14,	87 Md. National	Cemetery La	urel P.G., A	Maryland
DHMH 17 (VR A15 ME (5))				tsville, Marylan	d OCT 14	1 1987 Julia Sevid	lon-Marke
					Atest		

687 13 601 15 07 12-18 1 Since 1-31-21 Prince Contract of the separate of the service of t defent they see a see and OCT 14 1887 / CL. Kints - 700



069

	STATE	OF	M	ARYL	AND	
DED A DTAKENIS	OF HE		TH	AND	MENT	a

] -	FOR STATE CONSISTRAR	DEPA		EALTH AND MENTAL HY	9 /	0 4	1		
20	EASED NAME FIRST	MC LE	· ·	AS	REG NO	REAY YEAR	126 HOUR		
LIYPE C	Thoma	s Carl	Sta	nton	10/12/1	7	1450		
3_SEX		4 RACE	5 DATE C		6 AGE IN YEARS LAST BIRTHD.				
	Male	White	July	14, 1929 YEAR	58	YRS	M W AAH		
10 BIR	RTHPLACE AL RENOV	Th CITIZEN OF WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIED	Prince Geo		inty		
10 CIT	Y OR TOWN OF DEATH	11 NAME OF HOSPITAL, NU			120 USUAL OCCUPATION	DREING LIFE INDUSTE	OF BUSINESS		
Mar		ity  Ce Geo. Seat I		13d INSIDE CITY LIMITS? YES XX NO   15 MOTHER'S MAIDEN NA	13e STREET ADDRESS / Z 610 Cabin R		, 20743		
		• Stan	iton	Gertrude	MIDENE	No	oll		
	AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIALS	38 3921	Joseph Stan	Arundel Rd. ton, Maryla				
	18 CAUSE OF DEATH Enter on PART I DEATH WAS CAUSE IMMEDIAT	ly one cause per line far a , b D BY E CAUSE (a)	and:	io polomonary	Arrest		OXIMATE INTERVAL EN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate	DUE TO OR AS A CONSE	EQUENCE OF	ic long in	Tomots to h	ip	141)7		
	cause a stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF				1477		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED		OB IF YES WERE EIN CERTIEYING CAUS YES []			
	210 ACCIDENT WAS UNDERLYING  DR CONTRIBUTING DAUSE OF DEA	TH HOUR AM MONTH	DAY YEAR	216 HOW INJURY OCCUP	RRED PATER WAT RE IN R. N	TEM 8 PART REAR			
<u> </u>	21d INJURY OCCURRED  WHITE NOT WHITE  AT ALL DRY	PLACE OF INJURY	FICE FARM ET	21f LOCATION	CTO KI WN	10 NIX	1A16		
	270   certify that the hospital attended the deceased from 10 5 th 19 to 10 12 17 19 that of saw the deceased alive on 10 15 17 19 and that in the deceased alive on 10 15 17 19 and that in the causes of above (11) year and year of a saw the deceased alive on 10 15 17 19 and that in the causes of above (11) year and year of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and that in the causes of a saw the deceased alive on 10 15 17 19 and the causes of a saw the deceased alive on 10 15 17 19 and the causes of a saw the deceased alive on 10 15 17 19 and the causes of a saw the deceased alive on 10 15 17 19 19 and the causes of a saw the deceased alive on 10 15 17 19 19 19 19 19 19 19 19 19 19 19 19 19								
	226 SIGNATURE	y new me gady and dean		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1	Elizia Clizia		
	22d PHYSICIAN'S NAME LIVEO	- 10		22e ADDRESS	lyer Serm	Rel MA SOAFE			
-	URIAL CREMATION REMOVAL	23b DATE	22 111115 05 5	EMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 60M 7 8 (VRA 15, 4)

4739 Baltimore Ave., Hyattsville, Maryland

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 069973 OCT 28 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BT GISTRAR O DATE KNOWN ST YPE OR PRINT OF Y, PLEASE IRECTOR UR FILES 2 HOURS N STREET DEATH MATED Crawford Andrew IF UNDER 24 HRS DATE DAY White May 29, DEAD 2. AND 3 TO THE FUNERAL DI 3. RETAIN PAGE 5 FOR YOU 2 SHOULD BEFELLED, WITHIN 77 AL RECORDS, 2014/L PRESTON 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED SCOTTLAND U.S.A. DIVORCED Prince George's County WIDOWED ID CITY OR TOWN OF DEATH College Park 7007 Fordham Court. WELDER 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's College Park 7007 Fordham Court. Maryland GIVE PAGES 1, 2, VITH FORM, PM 3. PAGES 1 AND 2 S DIVISION OF WAIL STEELE ANDREW MARTIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO LYE NO OR UNKNOWN I HE YES GIVE WAR OR DATES! MARY UPDIKE - daughter - s/a 157-14-451 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS A EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B, GIVENCE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PARATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVIS BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which b chronic myocardial disease. gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? None 210 FXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f LOCATION STREET FACTORY FARM ETC ) STREET CITY OR TOWN WHILE WHILE NOT WHILE

BETWEEN ONSET AND DEATH 2D AUTOPSY? YES NO X 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 73 Inspection X Autopsy Hamicide . Undetermined manner TITLE (SPECIFY DATE SIGNED 10/22/87 Deputy 1919 Seminary Road ADDRESS Silver Spring, Montgomery County, MD 236 LOCATION 2 6 1087 Julia Davidson Pa

19 87

126 KIND OF BUSINESS

LINTON

10 87 A.

8:16

10/ 22

07 84

(VR A15 ME (5))

24 FUNERAL DIRECTOR

Removal

SIGNATURE

EXAMINER'S NA

TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL

death resulted fram

State Anatomy Board

22a I certify that I took charge of the remains described above, held an

10 - 22 - 87

Accident

John S. Rogers, M.D.

Natural causes X

Balto., Md.

Male Walter May 29 1900 winter

Printe Deersy a County

College Cart, 2007 Fordings Court, 48

Maryland letnes George's College Leed

FOLY rospins vous Type

AFRICA MINOR TO THE STORY

chemio report dial nisonno.

back thrusand first

Milver exerting, Longmonory dennity, out

John S. Hogers, M.D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTS OF DEATH MATED 6 AGE IN YEARS IF UNDER 24 HRS DATE PRONOUNCED 22, 1917 70 Aug DEAD Th CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT MARRIED X NEVER MARRIED FOREIGN COUNTRYL USA WIDOWED . DIVORCED Prince Georges Croom Md FILED. V 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Farmer self employed 3a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Marvland George District Hts 2094 Addison Road YES NO 20747 MIDDLE Stewart Maggie 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 6461 Penna AVe No 216-38-6231 Victoria S Stewart Forestville Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 1 RETWEEN ONSET AND DEATH Leve relente condiones will PART I DEATH WAS CAUSED BY. Conditions, if ony, which discore gave rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost BURIAL -PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |0 CERTIFICATION BE USED A 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET FACTORY FARM ETC 1 WHILE AT WORK CITY OR TOWN AGE 4 SHOULD BE FORW

D FUNERAL DIRECTOR: P

FIER DEATH, WITH THE ST

ALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Natural couses death resulted fram Accident Suicide Hamicide \_\_\_\_ Undetermined manner Deputy MEDICAL EXAMINER Rodriguez, M.D. ADDRES 5009 Rayburn Ct , Temple Hills, MD Argusto P. AFT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Ma 290ct1987 Cedar Hill Crematory Suitland PG Cremation Wilhelmoress Suitland, Md. (VR A15 ME (511 Funeral Home

100 100 do n'ilyhere de , tar pas data, con 

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	6 <sup>1</sup> 8	FOR 7STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG NO	5 0	- / 1			
		CEASED NAME FIRST		WIDDLE	Į.	LAST	20 DATE OF DEATH N	AONIH DA	Y YEAR 26 HOUR			
	{ITTPE	ORPRINT) E/Si	3		STOP	neberger	OCTOBER	9	1987 M			
	3 SEX	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER YEAR IF UNDER 4 HRY			
		temale	wh	, Te	Mar		83		N. H. JAT, HU K MIN			
		RTHPLACE IN ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIC	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH			
)		Virginia		5 17	WIDOWE	ED DIVORCED	Prince Georges County MI					
)	120, -1	Lanham	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	Nursin, Home	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		126 KIND OF BUSINESS OR INDUSTRY			
5	13a S	ALRESIDENCE (IF NURSING HOME OF STATE 136 COUL ary land Prince	OTHER INSPILLTION		admission)		130 STREET ADDRESS / 5422 Juh.		of Chapel Ri.			
1	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM						
1		Henry	Middle	Good		Minnie	MIDDLE		Mayes			
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S Lanh	nam, Maryland			
		YES NO OR UNKNOWN) (IF YES GI	E WAR OR DATES)	224-16-9	370	Manon Howsare	e/5422 White	field	Chapel Rd.			
		18 CAUSE OF DEATH lEnter or PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse to stating the underlying cause lost	DUE TO, O	R AS A CONSEQUE	NCE OF USEL	a foilure	diserse	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 42			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	inal disease or cond	ITION GIVEN	IN PART 1 a			
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b IF YES, V IN CERTIFY II	WERE FINDINGS USED NG CAUSES OF DEATH? NO			
1	MEDICAL CER	21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DA	Y YEAR	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	(NIEM 8 PAR	DR PART			
	MED	WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY REET FACTORY OFFICE F	NRM ETC)	216 LOCATION	( ITY OF TOW	N	CUNTY			
		27a I certify that (I) (I) is hasp saw the deceased alive on above (I)	10/7	19.8	7 01	nd that in (my (jour) opinion d	to OCC	9 19 e and have a				
1		ale	7	India	_0		MEDICAL STAFF		10 9 87			
		PEZSON	C/ 6	DO OMA	W	7231 Super	nion LAWE	S.	415,41			
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		JUNITY STATE			
	,	Burial	10/12/	87 Adv	venti:	st Cemetery	Stanley	Pa	ige Virginia			

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

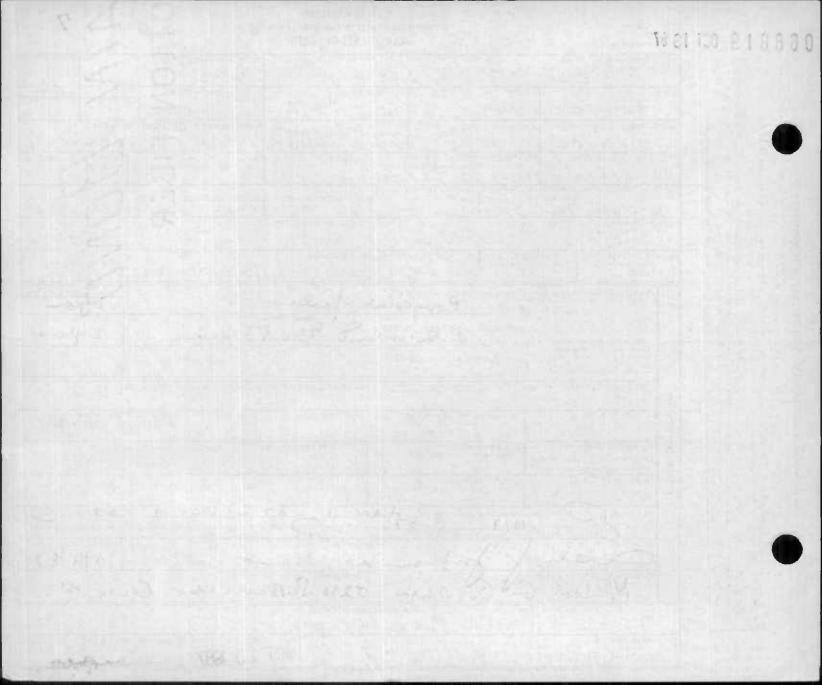
MPORTANT IF Hem 21 is

24 FUNERAL DIRECTOR

Bradley Fun. Hm., 187 E. Main St, Luray, Va

25a DATE REC D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

UCT



D.C.

Johnson & Jenkins 716 Kennedy St. N.W. Wash

24 FUNERAL DIRECTOR

DHMH 16 60M 7 84

(VRA 15, 4)

169987

the funeral director page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonopaers. Pages, hand 2 show the State Dept, of Health and Mental Hygiene prior to burial, cremotion, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The low etained by the hospital ai attending physician

BP.

DHMH 16 60M 7 84 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 0

REGISTRAR		CERTIFICATE OF	DEATH	REG. NO							
MECEASED NAME FIR	ST MIUDIE	(ASI	20	DATE OF DEATH MONTH	H SAY YEAR	26 HOUR					
(TYPE OR PRINT)	etn	STro	ng	10	23 87	150					
3 SEX	4 RACE	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)		IF NOTER / J HRY					
FEMALE	BLACK	NOV. 30	1902	84 YRS MONTH DAY HOUR IN							
To BIRTHPLACE TE ATE OF FOREIG	76 CITIZEN OF WHAT COL		9 B	9 BALTIMORE CITY OR COUNTY OF DEATH							
CHARLOTTE. N.	C. UNITED ST.		400	PRINCE GE	ORGE'S	M					
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INS		USUAL OCCUPATION  YPE OF WORK FOR MOST OF WORK		F BUSINESS OF					
FORESTVILLE		YURSING HOME		RETIRED	(INO (IPE)   INDUSTRI						
	OME OR OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	CITY LIMITS? 13e	STREET ADDRESS / ZIP	CODE						
MARYLAND 7	G. Co. LANZ	ONER YES [	NO X	621 VILLAGE	GREEN DI	C. 2078					
14 FATHER'S NAME	MIDD(£	15 MOTHER	S MAIDEN NAME	WIDDLE	LAS	1					
ISSAC WI	GINWRIGHT (	GREER EU	LA		J-RYA	NG					
160 WAS DECEASED EVER IN L	S ARMED FORCES? 166 SOCI.	AL SECURITY NO 17 INFORM	ANT	ADDRESS /	621 VILLAGE	GREEN					
NO	N/A 577	-40-8720 DELOR	ES BAILE	Y (DAUGTHER)	LANDOVE	P. M.D.					
	18 CAUSE OF DEATH Enter only one couse per line for glib and ic Part I DEATH WAS CAUSED BY HELDE CAUSE (a) Helde Cardio - Pulm mary Arrest										
	MEDIATE CAUSE (b) HC	este Cardio-10	2/11 mari	TALLESI	2777	11115					
	DUE TO, OR AS 4 90	NSEQUENCE OF ALLAR C	-Ch	rina Conges	five 100	15					
Canditions, if any, wh		arl raining		1	fe						
cause at stating underlying cause to	The DUE TO, OR AS A CO	NSEQUENCE OF REGULA	altat in	n	501	ears.					
DARY 2 OTHER CICAUSIA			70,0		1						
	De bell of in Cerebral Htrophy, Chromic Anemica										
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFO		, WERE FINDINGS USED							
JE BUILTON 190 DATE OF OPERATION NOW 210 ACCIDENT WAS UNDERLY		None	TERTIFYING CAUSES	OF DEATH?							
210 ACCIDENT WAS UNDERLY		21c HOW II	NJURY OCCURRED	LENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 21						
On CONTRIBUTION CAUSE	OFDEATH	TH DAY YEAR	NH								
(IF EITHER NOTIFY MEDICALES	21e PLACE OF INJURY	211 LOCATI		EITY OR TOWN	COUNTY	TATE					
MHILE NOT WHILE	AT HOME STREET FACTORY	OFFICE FARM ETC			(00,111						
	haspital) attended the degeased	from Nux	19.86	to 10/2	3 1981	that I (we las					
saw the deceased o	tve an 10/17 did not view the bady after death	19 2 and that in (my	apinion deat	th occurred an the date an	d have and I am the	causes stated					
226 SIGNATURE		DEGREE		/	220 DATE	SIGNED /					
Mular	& U. tarso	n mD		REDICAL STAFF IRECTOR DPHYSICIAN [	10/	23/8/					
221 PHYSICIAN S NAME	(TYPE OR PRINT)	22e ADDRE	587401 I	Markead	Huy 43	60					
RIChard	4. tarsmill	7/1	7. wash	mat. 20	794						
230 BURIAL, CREMATION, REM	OVAL 236 DATE	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION							
BURIAL	10-29-87	ARLINGTON NA	TIONAL	ARLINGTON	CARL. CO	VA.					
	N FUNERAL SECT	ICE	250 DATE RE	CD BY REGISTRAR 256 8	EGISTRAR S SIGNAT	URE					
136051	1/14 0-0=== 1	1 11 1.1001 20	TOO	27 1987	Trugaly. Km						

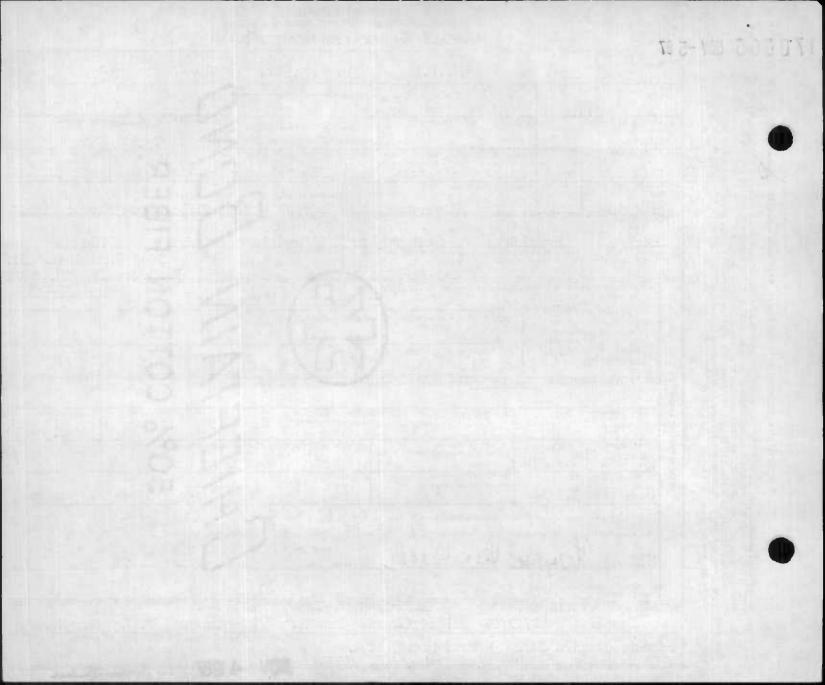
1- STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MA	Charles 1997	Α	AIDDIE	LAST		A DATE		
29	3/11/			(ASI	111	OF ESTI-		UR
	Willie	Kichar	d stud	levent :	11	DEATH MATED	10-2/1987	N
1.5D	1 195	5 DATE OF BIRTH	& AGE IN Y	ARS IF UNDER 1 Y	YR IF UNDER 2		MONTH DAY YEAR 24 HO	J.
M.	ale black		1969 17 Y	RS. MONTHS DAY	rs Hours	DEAD	10-21087/3	X
34:01	RTHPLACE INTATE OR			18		9 BALTIMORE CIT	Y OR COUNTY OF DEATH	74
Wa	shington D.C.	II C A						
- Contractor of the Contractor	CONTRACTOR SECTION SECTION AND ADDRESS OF THE PARTY OF TH		TAL NURSING HOM				2	MD
11	5	(IF NOT IN SUCISE) CIL	ITY GIVE STREET ADDRESS)	D. 1	THO HON	FOR MOST OF WORKING LIFE	OR INDUSTRY	
	The state of the s			/		Student	School	
130 S	TALE IS COUNT	Y	13c CITY OR TOWN	13d INS	IDE CITY LIMITS?	3e STREET ADDRESS	20110	
Ma	ryland Prince	e Georges	CampSpring	JS YES	NO 🔀	6711 Robinia	Road	
14. FA	ATHER'S NAME	MIDDLE		15 MC	THER'S MAIDEN	INAME	1463	
Wi	llie Ric	chard o	Studevent	TT Els	rie .		Spaulding	
		ED FORCES?						
(A)	The second secon	VAR OR DATES)	218-08-3	16 FM	Pichare	S Ctudovont T	TT Cama ag #12 a=	_
-				600 W.	RICHALC	3 Studevellt 1		
	PART   DEATH WAS CAUSED	BY BY	r (0), (b), and (c).)	11 min	& in	The hear	7 BETWEEN ONSET AND DEA	HIL
	IMMEDIAT				0)	en pur		
		DUPTO, OR AS	ACONSEQUENCE	OF				
	gave rise to immediate	(b)	0					
	couse (a) stating the under-	DUE TO, OR AS	A CONSEQUENCE	OF				
	Tyling coose lost	(c)						
	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONC	DITION GIVEN IN PART	1 0		-
8								
1 5	19st DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPE	RATION WAS PER	FORMED?		70 AUTOPSY?	_
1 2								/
1 1	TIN EXTERNAL CAUSEWAS	WHI TIME OF IN	VJURY	The HOW IN	LWV OCCURRED	THE OF INDIRY IN ITEM		
03	UNDERLYING EOR	HOUR A.M. A		~ 5-01	Alex	0.1	TOPAN ( )	
2			10-1/198	1 deg 1	capire			
NA.	WHILE IN NOT WHILE OF	STREET FACTOR	Y FARM, ETC.)	Div C	01	DENTARION C	- COUNTY A STAT	I E
10	AT WORK AT WORK	Home		VOT/1/	opinia	- Kay ( mug)	mys, Millenges	1
			bed above held an	Autopsy I	Inspection	Inquiry W	and in the opinion MA	
1								
	1	1016	ctideiii 🛅 . si	neide		Orderermined mariner		
	ACTUAL WALKER	5/7) K	duone	T	feputy		DATE 10-21-8	17
1	SIGNATURE CAPE	10/1	11	M.D		_ MEDICAL EXAMINER	SIGNED	/-
	EXAMINER'S NAME VALO	isto P Ro	driduez 9	1. D.	5009 R	avburn Ct . T	Temple Hills, MD	
20.5								-
(5	DE JEY1				MATORY	CITY OR TOWN	COUNTY	
	Burial (	xt25,1987	Piney Gr	ove A.M.	E. Churc	h Mocksvill	e Davie N.C.	
	NAME Lee	runeral H	ome, Inc.		250 DATE RE			
66	33 Old Alexande	r Ferry Rd	. Clinton	n, Md.	001	201001		
	USBOCAL CERTIFICATION  September 199 Septemb	Maryland Prince  Wille Rice  Wille Rice  Wille Rice  Will BE Rice  On UNKNOWN   THE YES GIVE V  NO  18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI  Conditions, if ony, which gave rise to immediate couse (a) stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT (ONOTITIONS CONTRIBUTING CAUSE OF DEATH WAS CAUSED IMMEDIATE CONTRIBUTING CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING CAUSE OF DEATH CONTRIBUTIONS CONTRIB	DE STATE STORT STATE STA	STATE OF BIRTH MONTH DAY STATE OF THE RESIDENCE OF WHAT COUNTRY?  WISHINGTON DE DEATH TO STATE OF THE NUTSHING HOME OF DITHER BUSINESSING HOME OF DITHER BUSINESSING STREET ADDRESSING HOME OF DITHER BUSINESSING	STUDENTIAL STATE OF BIRTH  MONTH DAY AS A GE INVESTED FUNDER TO THE MONTH DAY AS A GE INVESTED FUNDER TO THE MONTH DAY AS A GE INVESTED FUNDER TO THE MONTH DAY AS A GE INVESTED FUNDER TO THE MONTH DAY AS A GENERAL PROPERTY OF WHAT COUNTRY?  WASHINGTON, D.C. IT IN AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, GREEN PRICE ADDRESS OF A MONTH DAY AS A CITY OR TOWN TO THE MONTH DAY AS A CITY OR TOWN TO THE MONTH DAY AS A CONSEQUENCE OF LIFE OF	S DATE OF BIRTH   S AGE IN PLANE   FUNDER 1 YR   IF UNDER 2   S DATE OF BIRTH   S AGE IN PLANE   FUNDER 1 YR   IF UNDER 2   S DATE OF BIRTH   S AGE IN PLANE   FUNDER 1 YR   IF UNDER 2   S DATE OF BIRTH   S AGE IN PLANE   FUNDER 2   S DATE   S D	DEATH MATED    State   State	Set   Set

TOZ E ETZOST 10116 Kieleni Studituitus 10-21-87 The state of the s THE WAS SHOULD VESSELS PENERAL SHEET SHEE To the man I, and them, W. D. . . . . Star say man up a little of the say

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DATE KNOWN IX TYPE OR PRINT (N.M.I.) Bret DEATH MATED IF UNDER 24 HRS 20 DATE 2d HOUR :30 White April 29, 1960 TO BIRTHPLACE IMPATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Prince George's County, Maryland
10 CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Prince George's General Hospital Cheverly Siding Mechanic Construction 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P. G. Riverdale 5603 Rittenhouse Street 20737 Maryland 14 FATHER'S NAME Suthard. Earle Virginia Ann Pilkerton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 5603 Rittenhouse St. 213-82-9676 Diane Suthard (Wife) Riverdale, Md. 20737 APPROXIMATE INTERVAL Cranio-cerebral Trauma DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last AS A BURIAL-ALTH AND ME CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATORISM PAGE 3 SHOULD BE USED AS A FAFER DEATH, WITH THE STATE DEPAGMENT OF HALTH BALT WORD, 21,201 PRJOR TO BURIAL, CREM 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 116 TIME OF INJURY HOUR XX MONTH DAY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 pedestrian struck by auto 21e PLACE OF INJURY LATHOME 711 LOCATION STREET FACTORY FARM ETC.) WHILE AT WORK roadway 5400 Blk. Kenilworth Ave., Riverdale, Pr. Geo. Md. 220 I certify that I took charge of the remains described above, held an death resulted from Notural causes TITLE (SPECIEY) ACTUAL Assistant MEDICAL EXAMINER 10/30/87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY Burial 11/03/87 Fort Lincoln Cemetery Brentwood Maryland 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781 Dunday.



DECEASED NAME

Male

3 SEX

Oscar

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 26 HOUR A. Swanson 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIR HOAY December 2, 1900 Caucasian 86

1	70 BIRTHPLACE LITE ON FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	2 5 0
	New York	U.S.A.	WIDOWE		LLINCE	DED K	of S MD
1	Ch I NTON	11. NAME OF HOSPITA	GIVE STREET ADDRESS)	HOSP TAL	Self emplo		ch Club
1	USUAL RESIDENCE LIF NURSING HOME OF 136 STATE 136 COUP Maryland P.		OR TOWN Washington	134 INSIDE CITY LIMITS?	7502 Blar	nford Dr.	20744
	Anton FIRST	Sver	sen	Hilda FIRST	^A, 1€	Peter	son
1	NO OR UNKNOWN)		-07-6747	Clare Green	Same as 13		
	18 CAUSE OF DEATH   Enter or PARY   DEATH WAS CAUSE IMMEDIA		r ciepu	Imenaly	11109	APPROV. BETWEEN	XIMATE IN) ERVAL LONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse in stating the underlying cause last	DUE TO, OR AS A C	CASE QUENCE OF	sc/eros			
	PART 2 OTHER SIGNIFICANT OF	13	TING TO DEATH BUT	NOT BELATED TO THE TERM	ainal disease or cone	)ITION GIVEN IN PART 1	4.1
2	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	WAS PERFORMED	YES NO	206 IF YES, WERE FINDE IN CERTIFYING CAUSE YES	
7	20.000000000000000000000000000000000000	110	DAY YEAR	21c HOW INJURY OCCUR	RED ENTERNA RESERVICE	IN E. N. F. PART R.PART	
	THE ETHER NOTHER MEDICAL EXAMINED  21d JURY OCCURRED	21e PLACE OF INJUST		211 LOCATION	ILY IR TOV	A+. EXINIY	TATE
	22a 1 certify that (1) (this hospi sow the deceased alive on above, (1 (we)) did udid		19 orf	d that in (my) (our) apinion	death occurred on the do	te and hour and from the	that I (we last e couses stated
	226 SIGNATURE	race	may	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ 120	ESIGNED /
/	Dr.	ne Gr	-ace	9131 Pisca	taway Road ‡	‡260	
	230 BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

BP DHMH 16 60M 7/84 Cremation

74 FUNERAL DIRECTOR Lee Funeral Home, Inc.

Lee's Crematory

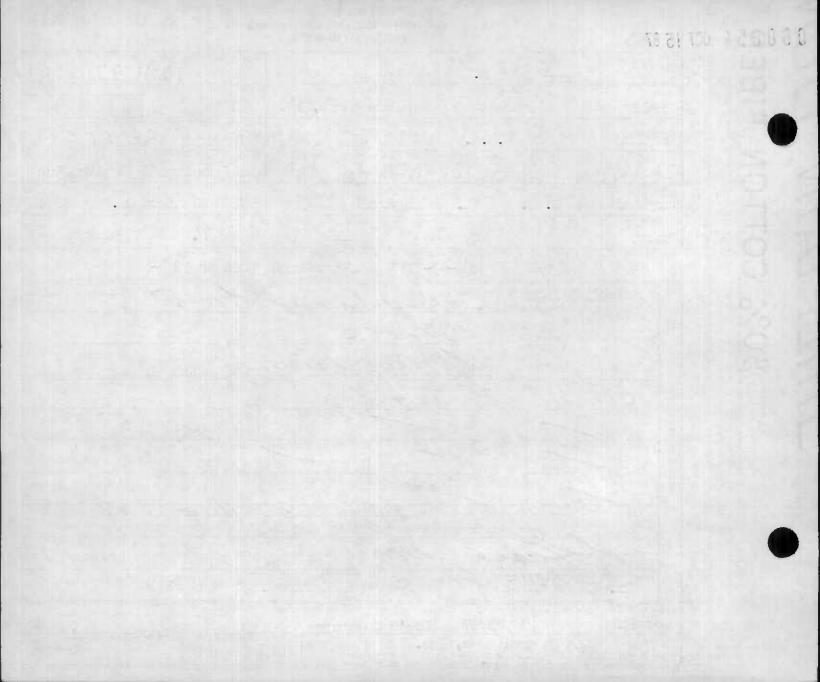
MD

Clinton Pr 250 DATE REC D BY REGISTRAR 255 OCT 1 4 1987

(VRA 15, 4)

6633 Old Alexander Ferry Rd. Clinton Md 20735

10/12/87



2 G	R.	1,	FOR	0,214,5,C, -30-87 per	P	EPARTME	STATE OF	MARYLA H AND N	ND	YGENE /	3	a a	я 3
		1-	STATE REGISTRAR				AMINER'S			- (	REG N	0	9 0
160	E 1 0 007		CEASED NAME	FIR T		MIDDLE		1AST		20 DAT	E KNOWN [	MONTH U	DAY YEAR 26 HOUR
103	JAN TE OF I		87°RINIT	Curt	is	C.		Tann	Jr.		TH MATED	10-5	- 19 87
	ECT CALLED THE STREET	3 SE)		4 RACE	5 DATE OF BIRTH		AGE IN YEARS IF	JNDER 1 YR	IF UNDER 2		DUNCED	M D v	6:40
	ARY. POLIN		lale	Black	8 3		22 YRS			DE	AD	10-5-	198/ A
-	S NECESSARY, PLEASE E LUNERAL DIRECTOR E 5 FOR YOUR FILES E), WITHIN 72 HOURS W PRESTON STREET		RIHPLACE REIGN COUN RYS	ATE OR	76 CITIZEN OF WH	AT COUNTRY	? 8 MA	RRIED N	EVER MARRIE	DX P BALT	IMORE CITY	OR COUNTY O	OF DEATH
	NE S NE NE		lash. I		U.S.A.	UTAL NUIDCO		WED [	DIVORCE	D USUAL OCC	Prir	ice Geo	rges County
1	AY PAGE 201		Chever		Prince Ge	BITY CIVE CERECE	ADDRESS			FOR MOST OF V			or industry rivate
/ 5	ANY DEL		AL RESIDENCE TATE	IF IN NURSING HOME	OR OTHER INSTITUTION GIV		RE ADMISSION)						
21201	P AND SHOUL		rylan	_	George's		er Parl		NO 🗌	7733 I	Bender	Road	/20785
MO.	+4004	14. F	ATHER'S NAME		MIDDLE	LAST			IER'S MAIDEN	NAME	MIDDLE		_ tast
ui nc	DEATH GES 1, RM PAN OF VIT	Ci	irtis		Carroll		nn, Sr				A.	Gri	ffin
IMO	PAC PAC I		VAS DECEASEL	EVER IN U.S. AR	MED FORCES?	1	SECURITY NO.	17 INFOR			7733	Bende	r Road
BALTIMORE	JRS AFTER 3. GIVE PA WITH FOR MITH FOR DIVISION	1	10			218-	92-210	Bil	lie A	. Tann	Palme	er Par	, Md.
	NIT IN E. DI		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly ane cause per line t	or a b an	d (c						APPROXIMATE IN ERVAL
PRESTON ST.,	TEM ONC SIEN VAL		77		TE CAUSE (o		ntexicatio	77.					
REST	ENCIL IN 178 MINERALO REPORT REPORT ENTERHYGI		Condition	is, if any, which	DUE TO, OR	AS A CONSEC	JUENCE OF						
			gave ris	e to immediate	, b	A CONISE	NIENCE OF						
DIVISION OF VITAL RECORDS, 201 W.	N N N N N N N N N N N N N N N N N N N		lying cau		1	S A CONSEC	AGEINCE OL						
DS,	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING". IN FORD TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURNAL DEPARTMENT OF HEALTH AND THE PRIOR TO BURIAL, CREMATION,	1	PART 2 DIHER SIG	INIFICANT CONDITIONS	(CON) RIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMINAL DIS	ASE OR CONDITI	ON GIVEN IN PART	11 0			
SON	BE ENDIN MEDIC MEDIC AS A EALTH CREW	NO											
34	L CALLED A	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ON FOR WHI	CH OPERATION	WAS PERFO	RMED?				20 AUTOPSY?
ATIV	SE S	Ě										40.0	YES DE NO
90	THE CITY OF THE CI	CER	210 EXTERNA	CAUSE WAS	116 TIME OF HOUR A.M.	MONTH DA	Y YEAR 21c	HOW INJUR	Y OCCURRED	)   ENTER NATURE OF	8 MATENI YRULNI	PART OR PART 2)	
O	ERTIFICATE ING THE WED TO THE SHOULD I PRIOR TO ING	MEDICAL	CONTRIBUTION	G CAUSE OF	DEATH PM.	10-5	19 87		t took o	trugs			
N N	CER DED DED SE 3 S	MED	WHILE			FINJURY (A	T HOME 211	OCATION STREET		CITY OR	TOWN	COUNTY	STATE
۵			AT WORK	AT WORK	Hot	se.		7.1.1 M. n	Lar aucr	nie Capit		its, P.G.	MD.
	PATE SATE NO.	10	220 I certil	y that hook char	ge of the remains desc	bed above, I	held an Aut	ру	Inspection	. Inqui	iry a	nd in my opinio	ın
	EXAMINEI CERTIFICA JID BE FO DIRECTOR WITH THE		death resulte	d I om: Notu	rol couses	Accident	. Suicide	Hom	icide .	Undetermined	manner 11.		
	A V V V V V V V V V V V V V V V V V V V		ACTUAL	11/1	1 XI	-		7.00	SPECIFY)			DATE	1.06-87
	SHOP SHOP	1	SIGNATURE	line				M.D. 1155	istant	MEDICAL EX	AMINER	SIGNED_	10-0-07
	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WINDER 4 SHOULD BE FORWATO FUNRAL DIRECTOR: PAFFER DEATH WITH THE STATEMORE, MARYLAND, 212	1	EXAMINER'S	NAME C	narles P.	Kokes -	M.D.	ADDRESS	111 P	enn Str	eet. Ba	alto. M	D 21201
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B		ION, REMOVAL			E OF CEMETERY			123d LOCATION			
U7 84	W/L	(1	urial		10-10-87		mony M			CITY OR TOWN		P.G.	Md.
25M	DHMH 17		UNERAL DIREC		7474		over R			C'D BY REGIST			NATURE
	(VR A15 ME (5))	127	J.B	. Jenki			Md. 2		DOTS	2 1007	de San B	witness	ndell
		-											

BP.

DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 ()

	J 8	FOR STATE REGISTRAR		DEPARTA		EALTH AND I	MENTAL HYGI EATH	ENE :	REG NO	) ()	. 3			
ı	1 DEC	CEASED NAME	A -	DDLE	- 0	91	-	2a DATE O	F DEATH M	ONTH D	AY YEAR	26 HOUR		
- ]	TYPE	OR PRINT)	IEL 1	C. TYTYLOTC					10 2287 8:15/					
	3 SEX		4 RACE		1. DATE	F BIRTH		6 AGE (IN	YEARS LAST BIRTHE	DAY	F INDER YEAR	IF NOTER AHR		
		MALE	WHITE	,	MAY	24.	1916	71		YRS.	ONIH AY	HOURS MIN		
	Za BIF	RTHPLACE ATE OR FOREIGN	76 CITIZEN OF W		8			9 BALTIMO	RE CITY OR		OF DEATH			
	C	OUNTRY)				NEVER A								
7		MARYLAND TY OR TOWN OF DEATH	U.S.	OSPITAL, NURSIN	WIDOWE IG HOME O		ORCED X		RINCE			MD F BUSINESS OR		
	O.	TELLEDI M		FACILITY, GIVE STREET		TIOCDA			RK FOR MOST OF V			OTHER		
	_	HEVERLY ALRESIDENCE (IF NURSING HOME OF		GEORGES		HUSPT.		KET. I	MAINTEN	ANCE	MAN H	OTABIL		
	13a S	TATE 136 COUN	41A	ANDOVER	N	-	NO 🗌	7515	ADDRESS / Z BUCHA		T. #13	0, 20784		
1	14 FA	THERS NAME FIRST	MIDDLE	LAST			MAIDEN NAM	4E	MIDDLE		IAST			
1		DANIEL C.					JGIE				DIXON			
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMA	NT		ADDRES:	5				
		YES WWI		214-05-0	070	MARY	MALLET	r	SAME	AS	ITEM	#13		
		18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE	ily ane couse per l	ine for lot, ib one	dic	0 . 0					BETWEEN	MATE INTERVAL INSET AND DEATH		
Ц			D BY TE CAUSE (a)	ASPIRA	none	met	mon	1.A			ary			
		Conditions, if ony, which gave rise to immediate couse to stating the underlying cause last		AS A CONSEQUE		is pi	EASE	(40)	VANCE	0/	461	PR J		
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (				H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10  RATION WAS PERFORMED 1700 AUTOPSY? 1706 IF YES, WERE FINDINGS								
2	TIFICA	DATE OF OPERATION	148 CONDII	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					YES NOW					
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR AM	MONTH DA	AY YEAR	21c HOW IN	JURY OCCURR	ED LENTER N	AT RE OF INJURY	IN I EM B PA	RT TRPART.			
	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY ET FACTORY OFFICE F	ARM ETC	211 LOCATIO	N		ITY OR TOWN	N	COUNTY	MATE		
		AT WORK ALWORK	ital) attended the	£	74	65	10		10/2	- 1	37	ho Co Wwei lint		
		some 1 for setting out or	D 101	22 19/	77	d that May	gur) opinion d	leoth occurr	ed on the date	e and hour	and from the			
		226 SKANING S	1.0		W		TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	N D	Top	1/2		
/		220 PHYSICIAN'S NAME LIVES STUART TURKEN		).		77e ADDRES	/ 3////	GREEN BELT,	WAY CTR	770	#430			
		BURIAL, CREMATION, REMOVAL	23b DATE	23( 1	NAME OF C	EMETERY OR	REMATORY	23d LOC	ATION Y OR TOWN		COUNTY	STATE		
		CREMATION	10-23-	1987 0	CHAMBE	RS CRE	MATORY		FVERDAL	E. I	P.G.C.	Md.		
	24 FL	UNERAL DIRECTOR		ADDRENS	2	20737	25a. DAIE		REGISTRAR 15	b REGIST	AR S'SIGNAT	JR		
	W	. W. CHAMBERS	CO.	RIVERDA			Md. UUI	301	301 8	era por	argorn-Kon			

M. H. ERREIBER UR. BEVERRES, F. S.C. H. ORT S.L. LEV.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REGISTRAR DECEASED NAME 20 DATE KNOWN OF DEATH MATED Debra Jean DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY B:10P PRONOUNCED 1.87 34 yps CAUCASIAN JAN 21.1953 FEMALE 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE TATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY USA WASHINGTON, DC WIDOWED -DIVORCED Prince George's County HO CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE IF WORK OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Bridge BUDGET ANALYST FED GOVT NONE Woodrow Wilson 13a STATE 3. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FAIRFAX VIRGINIA ALEXANDRIA 7328 WICKFORD DRIVE (22310) 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST JAMES LAURA **JEAN** HAMILTON COY WARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ALAN R TAYLOR/ ALEXANDRIA, VA 22310 215-62-9002 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. HE EDICAL EXAL S A BURIAL S A BURIAL FELTH AND ME REMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE: SHE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF CONTRACTOR: PAGE 3 SHOULD BE USED FOR THE PERTENDENTHY THE STATE DEPARTMENT AFTER DEATHWORE, MARYLAND, 21201 PRIOR TO BURNE. YES TY NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MOR PM 10-31- 1987 CONTRIBUTING CAUSE OF DEATH Subject drowned self TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED II LOCATION STREET FACTORY, FARM FTC 1 WHILE AT WORK river Potomac River under Woodrow Wilson Bridge Prince George's Co. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection MD deoth resulted from Natural causes Accident Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL Deputy ChiefDICALEXAMINER DATE SIGNED 11-1-87 SIGNATURE EXAMINER'S MAME Ann M. Dixon, N.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 230 BURIAL, CREMATION, REMOVAL 736 DATE 23¢ NAME OF CEMETERY OR CREMATORY 11/3/87 LEE CREMATORY CREMATION WASHINGTON 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH DATE KNOWN Rodney Taylor DEATH MATED Tee 3/087 IF UNDER 24 HRS 2c DATE 22 Dec. 6, 1964 Male White a M 3/19 TO BIRTHPLACE THE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X West Virginia U.S.A. Prince George's County, ID CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION LIVE OF WORK Construction Cheverly Prince George's General Hospital 13d INSIDECITY LIMITS? Riverdale 5508 53rd Place Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Beverlin Taylor, Sr. Helen Claude ADDRESSOS Gallatin Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIE YES GIVE WAR OR DATEST Claude E. Taylor, Sr. Hyattsville, Md. 217-94-3608 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c) PART I DEATH WAS CAUSED BY Head Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a stating the under DUE TO, OR AS A CONSEQUENCE OF HE CHIEF MEDICAL EXAM D BE USED AS A BURIAL ENT OF HEALTH AND MER D BURIAL, CREMATION, C PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 210 EXTERNAL CAUSE WAS TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR driver of auto/fixed object collision CONTRIBUTING CAUSE OF DEATH : 1220. 10/ 3/187 III LOCATION TIE PLACE OF INJURY (ATHOME AT WORK AT WHILE STREET, FACTORY FARM, ETC.) roadway Kenilworth Ave., Greenbelt, Pr. Georges, Md. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WATH THE ST. BALTMORE, MARY DAND 72 220 I certify that Haok charge of the remains described above, held on Accident X Undetermined manner death resulted from TITLE (SPECIFY) MD Assistant MEDICAL EXAMINER 10/3/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 230 BURIAL CREMATION REMOVAL 236 DATE Fort Lincoln Cemetery Brentwood P.C.

I Home, P.A.

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

1007

10 10/07/87 Burial Francis Gasch's Sons Funeral Home, P.A. DHAAH 17 1987 (VR A 5 ME (5) 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINNE

CERTIFICATE OF DEATH REG NO FIRST LAST 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS OCT 22 1987 THELMA TAYLOR 10:30p DELORES I SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MARCH 7, 1911 FEMALE WHITE 76 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY MD. P.G. U.S.A. DIVORCED [ WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANDREWS AIR FORCE BASE HOSP SELF EMP. BEAUTICIAN AMP SPRINGS SUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 138 COUNTY 13t, CITY OR TOWN 13d INSIDE CITY LIMITS? LEXINGTON PARK 20653 MD. ST. MARY'S FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE ETHEL McGRADY WILLIE HURLEY W. 16b SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 579-03-0110A, JAMES EMMETT TAYLOR, SAME AS 13E. NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EXSANGUINATION DUE TO, OR AS A CONSEQUENCE OF UPPER GI BLEED UNKNOWN SOURCE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (1 9a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [ 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OF PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INTURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM, ETC 1 WHILE NOT WHILE AL WORK 22a I certify that XII (this haspital) attended the deceased from 30 SEP saw the deceased alive an \_\_\_ \_\_ and that in XXX (aur) apinian death occurred on the date and haur and fram the causes stated abave, XII (we) (did) XIX NOX view the body after death 22b SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22 OCT 1987 PHYSICIAN IAN'S NAME (TYPE OR PRINT) 22e ADDRESS JOHN T. COLUMBUS, CAPT, USAF MC MG USAF MC, ANDREWS AFB, MD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL ARLINGTON, ARLINGTON CO.VA. 10 - 27 - 87BURIAL

DHMH 16 60M 7 114 (VRA 15, 4)

24 FUNERAL DIRECTOR W. CLARKE MATTINGLEY, LEONARDTOWN, MD.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 87 STATE REGISTRAR DECEASED NAME O DATE KNOWN OF E FUNERAL DIRECTOR E 5 FOR YOUR F LES. D, WITHIN 72 HOURS W PRESTON STREET DEATH MATED ANTHONY J. THOMAS 87 IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 61 PRONOUNCED 9 26 2,42 Male Black 19 87 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE CHATTOR MARRIED NEVER MARRIED X U.S.A. Prince George's County Washington, HTTAIN PAGE 5 LD BE FILED. 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Cheverly Prince George's General Hosp. Laborer Private 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 6715 Eldridge Street Georges Landover WD 15 MOTHER'S MAIDEN NAME MIDDLE FIRST TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PARES 1 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL, TRANSIT PERMIT. PAGES 1 APPEREDEATH, WITH THE STATE DEPERTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVEL. Gilbert Edward Gladys Victoria Thompson Thomas 166 SOCIAL SECURITY NO 84070RHamlin St #101 578-92-4293 Gladys Thomas Glenarden, Md. 20706 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ON ET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of thorax (handoun) IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 0 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1:54 X 10-28- 10 87 Shot by police. 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET FACTORY, FARM, ETC ) WHILE AT WORK AT WORK 3334 Brightseat Rd., Landover, Prince George's, building 22a I certify that I took charge of the remains described above, held an death resulted from Natural couses Undetermined monner Accident TITLE (SPECIFY) **ACTUAL** Deputy ChiefeDICAL EXAMINER DATE 10-28-37 SIGNATURE

(VR A15 ME (5))

EXAMINER'S NAME TYPE OR PRINT

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial 11-3-87

23c NAME OF CEMETERY OR CREMATORY Harmony Memorial Pk.

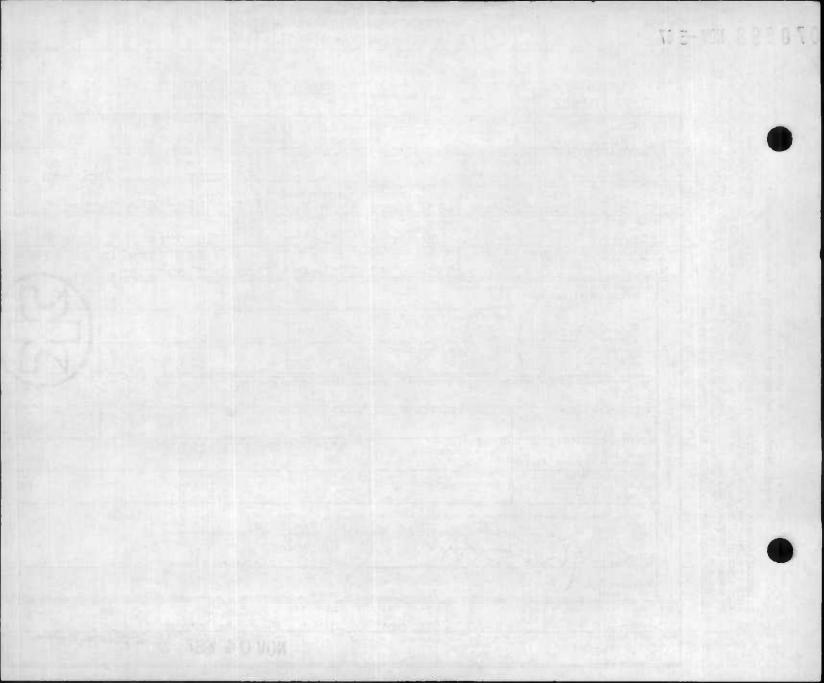
23d LOCATION

Landover

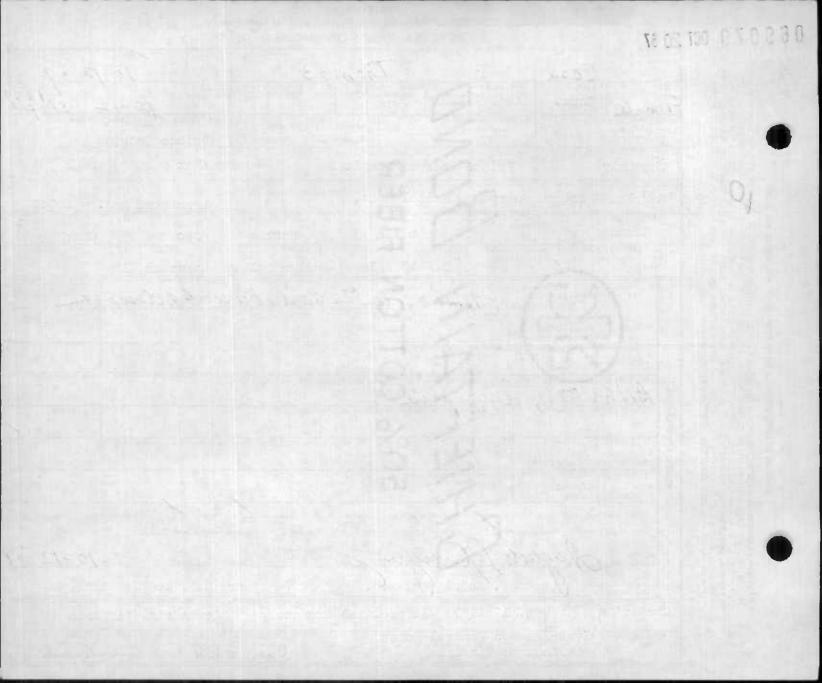
111 Penn St., Balto., MD 21201

24 FUNERAL DIRECTOR 7474 Landover Road J.B. Jenkins Landover, Md. 20785

Ann M. Dixon, M.D.



6.9	079 oct	125	FOR STATE FISTRAR			EPARTMENT C	F HEALTI	MARYLAND HAND MENTAL H	U /	3 (	) 4	5 ,
0 0	0 1 3 001	AU L DE	CEASED NAME	EIRST	MEL	MIDDLE	INEK 2	LEKTIFICATE		REG NO		DAY YEAR TO HOL
1/2	ASE OR. URS EET,	(1)	PE OR PRINT)	050	R.		Thor	nas	DEA	OF ESTI	10-1	121987
9	DIRECT DIRECT OUR FI 172 HOI ON STR	3 SE		auc.	Aug. 6,	1891 AGE 1196	THOAYI MONT	DER 1 YR IF UNDER	MIN PRON	OUNCED EAD	MONTH 0 -/2	- 1987 - 19
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 9, WITHIN 72 HOURS W. PRESTON STREET,		RTHPLACE THATE OR PREIGN COLINIES (COLINIES)		76 CITIZEN OF WH.	AT COUNTRY?		IED NEVER MARRI	ED 📙	Prince G	-	
	AY IS N D THE FU PAGE 5 THE FILED.		ty or town of DE.	ATH	Prince	TAL, NURSING HO				CUPATION (TYPE		HOME USTRY
21201	10:35		A RESIDENCE (IF IN NO. IATE)		OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADA		13d INSIDE CITY LIMITS YES NO		DDRESS Larchmon	t Ave.	20743
RE, MD.	DEATH.	14 F.	Eason		WIDDLE	Montel		15 MOTHER'S MAIDE FIRST Martl		Jackson		Clark
ALTIMO	JRS AFTER DE 3 GIVE PAGE WITH FORM 1 PAGES 1 A DIVISION OF	160	VAS DECEASED EVER ES NO. OR NKNOWN)	IN U.S. ARM	ED FORCES?	224 18		Evelyn Ze	ellars	ADDRESS same as	#13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	EXECUTED WITHIN 24 H JING" IN PENCIL IN ITEM DICAL EXAMINER ALONI A BURIAL - TRANSIT PER H AND MENTAL HYGIEN EMATION, OR REMOVAL.	z	Canditians, if gave rise ta cause (a) stating lying cause last	immediate g the <u>under</u>	DUE TO, OR A		CE OF	E OR CONDITION GIVEN IN PAI	RT 1 o			
VITAL RECC	IICATE SHOULD BE EXECUTHE WORD "PENDING".  THE CHIEF MEDICAL EDULD BE USED AS A BURING VERD AS A BURING OF HEALTH AND PROPERTY OF HEALTH AND PROPERTY OF HEALTH AND PROPERTY.	CERTIFICATION	190 DATE OF OPER			ON FOR WHICH O	PERATION W	'AS PERFORMED?				20 AUTOPSY?  YES NO 6
DIVISION OF		MEDICAL CE	210 EXTERNAL CAU UNDERLYING CONTRIBUTING 2 21d INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DI	P.M.	MONTH DAY Y	EAR 211 LC	OW INJURY OCCURRE		OF INJURY IN ITEM 18 P	COUNT	
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNEAL DIRECTOR: PARTER DEATH, WITH THE STANDAR BATTENORE, MARYLAND, 21)		270. I certify that death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME TYPE OR PRINT!	Natura Augus	to P. Rod	Accident   College  righez, M	Suicide N	Deputy  Deputy  Address 909 Ra	Undetermined  MEDICALE  Lyburn C	XAMINER  t , Temp	DATE SIGNED	10-12-8
07 B4			LAMA LETON F					Crematory		xandria,	~	
23141	DHMH = 17 (VR A15 ME (5))	24 1	UNERAL DIRECTOR I	Arling	ton, Virg	erai Home inia	es	OCT	F 1 9 19	87 Zib REGIS	Devider	



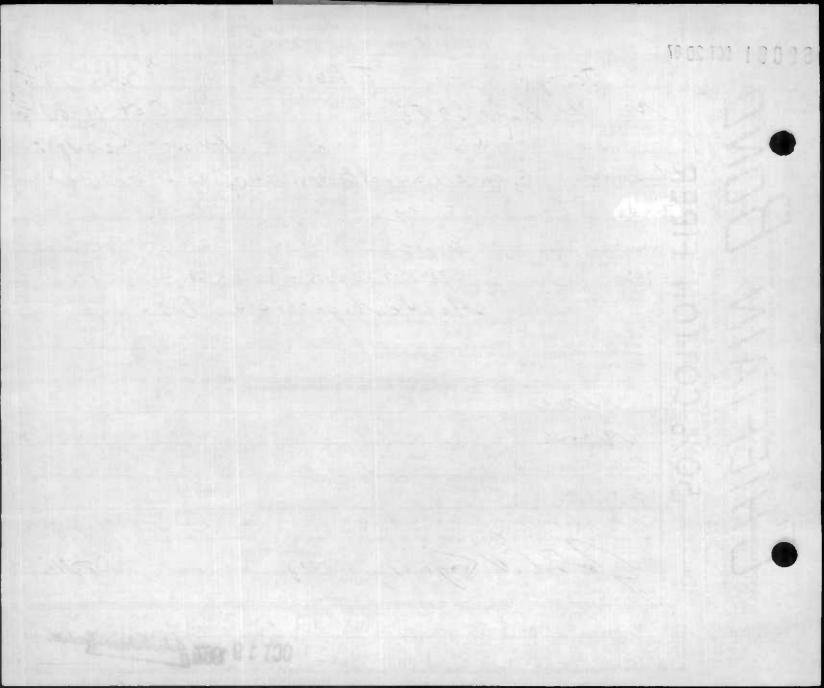
69

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0 0	I not	2018	17	EGISTRAR	TEDICAL EXAMINER 3 C	ENTIFICATE OF DEATH	REG NO	
0 0	1 001 1			EASED NAME FIR !	MILLE	/	OF ESTI	AN Zb HIDLY
	ASE OR CENT	1		Joseph	+1- //		EATH MATED	16,19770
	S. S	3	SEX	4 RACE S DATE OF BI	AY YEAR & BIRTHDAY MONTH		DATE MONTH	10/3
	ARY OUT TON TON	11/	1	Il a Aury	29 0 P YRS		DEAD OCT	119 8 X PM
	NERA NERA	4	a BIF	THPLACE A EOR 76 CITY NO	WHAT COUNTRY? MARRIE	ED NEVER MARRIED 9 B	ALTIMORE CITY OR COUNTY	OF-DEATH
	255°>	4		000000	VS WIDOWI		vince be	S D/ 7 25 -MI
	Y IS GE 1	7	0 C11		HOSPITAL NURSING HOME OR OTHE	ER INSTITUTION 120 USUAL C	OCCUPATION TYPE OF WORK 1	OR INDUSTRY
	SS. SE F	4	1	sured Grea	torLawrette	Eltsville Hosav	Rot 15. Summer	a Dopt of Arm
102	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	1	SUAI		136 CITY OR TOWN	13d INSIDE CITY LIMITS? 13e STREET	ADDRESS 1	appara
. 212	ANANA	4	I	Xas_	El Paso	YES & NO 1 701	Montoura	7 1997
WD	H. I. 2.	1014	A FA	FIRST MIDDLE	LAST	15 MOTHER'S MAIDEN NAME	MIDDLE	LAST
S.	A PM	A	- 1	lbert	Tramer	Mory	R. Si	iera
IMO	PAN ORA	24		AS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Prince	Frederich UnD
ALT	AFT SIVE AGE AGE	-		Y 45	579-30-8120	Mark A. Thomas	221 Helena	Dr. 2N78
90	WIN PARTY			18 CAUSE OF DEATH (Enter only one cause pe	line for a b, and (c)	, , /	20	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
NS	NG NG AL			PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE OI	AcuteM	Vocardial	1/23.	11.00(10.00,1) 24(10.00)
STO	ALCA ALCA ALCA ALCA ALCA ALCA ALCA ALCA				OR AS A CONSEQUENCE OF			
PREST	JER AL ANSIT AL HYC REMO			Conditions, if any, which gave rise to immediate				
3	WIN WIN			cause a) stating the under-	OR AS A CONSEQUENCE OF			
201	IN EXA			lying couse last				
SQ.	XECU VG" II VALE BURIL			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO O	ATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 a		
RECORDS	"PENDING" "PENDING" FF MEDICAL SED AS A BU HEALTH AN	/	0	Vone				
	RO "PEI HIEF A USED A OF HEA		CERTIFICATION	190 DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WA	AS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL	SHOW SHOW	fu	TE	11/200				YES NO
J-F	THE COULT BE CALLED BE WENT	7	CER		E OF INJURY  A.M. MONTH DAY YEAR  21c HO	OW INJURY OCCURRED LENTER NATUR	E OF INJURY IN ITEM 18 PART   OR PART	(2)
NO	THICATE SHO IG THE WORD TO THE CHIL SHOULD BE US PARTMENT OF RIOR TO BORIN			UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
VISIO	DEPA 3 SH	1	MEDICAL	CYDECA		CATION TREET CITY		
ō	WARD WARD PAGE TATE [		2	WHILE AT WORK AT WORK	FACTORY FARM EIC)	REE! CITY	Y OR TOWN COUN	NTY STATE
	W ~ V			220 I certify that I taok charge of the remain	described abave, held an Autops	y . Inspection In		
	EXAMINER CERTIFICAT IULD BE FOR DIRECTOR: (, WITH THE MARYLAND			death resulted from Natural causes	Accident Suicide .		nquiry ond in my opin	nion
	RECONTHINE			deam resolved from Android Causes	Accident		ned monner	
	E CER DULD DULD H, WI		Ш	ACTUAL	60000	TITLE (SPECIFY)	DATE	Box 1192-
	SEAT SET SE	r	1	SIGNATURE	1	DMEDICAL	EXAMINER SIGNED	23 -11 1 1
	TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH BALTIMORE, 7	0		EXAMPLES NAME TYPE OR PRINT)		ADDRESS		
	TO MEDICAL INCENSION TO FUNERAL AFTER DEATH, BALTIMORE, A	73	3a BÜ	RIAL CREMATION, REMOVAL 236 DATE	23c NAME OF CEMETERY OR	R CREMATORY 1236 LOCAT	ION	
181	BP / /		SF	Removal 10-13-	77 Geogdown Univ	Mark Charlo	COUNT	Y TATE
2500	-	2		NERAL DIRECTOR	9	250. DATE REGID BY REG	ISTRAL	and the same of th
	DHMH 17 (VR A15 ME (5))	)	R.		RESS Card Has Rd	SE UU 19 0	844	1



DHMH - 17 VR A15 ME (5))

BACON FUNERAL

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TED 3 2 U ULT.	21 8	REGISTRAR				CERTIF	ICATE OF DEATH		REG NO			
103370 001	1 DE	CEASED NAME	FIRST	A	MIDDLE	1	AST	20			AY YEAR 2	h HOUR
oy be ooge 3 deoth	TYP	(S)	aca	2 (	3,	11	orne		10	) - 11	6-87	5 D.M.
aoy ber d	3 SE	X	1	RACE		5 DATE C		6	AGE (IN YEARS LAST BIRTH	HDAY)		HOURS AIN
ctor s af		temk		1	bito.	MONTH	16 OF	7	80	YRS	JA1	MIN
2 314		IRTHPLACE TATE OF FOR	REIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	D'asus a a sous	9 1	BALTIMORE CITY OF		OF DEATH	
5 35-35		ervland		115	0	WIDOWE	DIVORCED	71	Prince G	eorge'	S	MD.
1 11/17		ITY OR TOWN OF DEATH	н 11			RSING HOME C	OR OTHER INSTITUTION		USUAL OCCUPATION			BUSINESSOR
5 1 11 1	Fo	rt Washingto	n 7	OF WG	Shingt	ON RP ha	bilitation Cente	co	Saleslady	- Ret	Dep't	. Store
ND 212	130		36 COUNTY	′	13t CITY OR	efore admission) rown ashingto	13d Inside City Limits Nyes 🔀 No 🗌	3? 136	STREET ADDRESS / 9601 Poton	ZIP CODE	rive 20	744
AT 1 DINE	14 F.	ATHER'S NAME					15 MOTHER'S MAIDEN					
AAA 1 11/10		Willard	W	DIE	Chesse	er	Carolyn	1	R.		Hobbs	;
BALTIMORE, MARYLAND 2120 cote be exercised. yscion or graph of the property of the medical and the property of		WAS DECEASED EVER IN	U.S. ARME			5-0054A	17 INFORMANT Herbert Tho	rne	9601 Pote		rive on, Md.	
ALTI		18 CAUSE OF DEATH	Enter only	one couse per	line for to b	ond & A	12		1		APPROXIMA BETWEEN ON	ATE INTERVAL
		PART I DEATH WAS	S CAUSEĎ I MMEDIATE (	BY	AIN	ensal	WITH CANDI	10 UF	vala di	SAIC		
N S dring dring or re-			WINEDIALE.		R AS A CONSI	COLIENCE OF						
STO eath trenc on. ve co		Conditions, if ony, v	which	DUE 10 01	AS A CONSI	. QUEINCE OF						
PRESTON ST he death certifine of the ottending phenome corbonp implies, and the ottending corporation, or remove troumatic even		gove rise to immer	diote	DUE TO O	R AS A CONSI	OUENICE OF						
Se cree		underlying couse		DOE 10. 01	AS A CONSI	QUENCE OF						
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN The law requires the other this certificate that the bursol-tron in the man prior bursol in and Mental Himman prior bursol orked on-them 18 man prior bursol orked on-them 18 man priory, or or or them 18 man priory or or or them 18 man priory or		PART 2 ONHER SIGNIE	FICANT CO	1/		TO DEATH BUT	NOT RELATED TO THE T	ERMINA	al disease or cond	ITION GIVE	N IN PART 1 a	
PRDS	CERTIFICATION	HARK	17504	1 Jyn	-scom							
ECC S	7 3	190 DATE OF OPERATIO	NC	196 COND	TION FOR WI	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206 IF YES, IN CERTIFY	WERE FINDING	S USED
AL R									YES NOT	YES		NO 🗍
AN AN Physic fice tro	Ü	210 ACCIDENT WAS UNDER	house	216 TIME O		DAY YEAR	21¢ HOW INJURY OCC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT ( C)R PAR (2)	
SICIA SICIA SICIA Certifi certifi viriol-tr	I V	OR CONTRIBUTING CAN		P		19						
HYS ndin d Me	MEDICAL	21d INJURY OCCURRE	D	21e PLACE	OF INJURY	EUCE EADAR STC .	211 LOCATION		CITY OF TOM	VN.	OUNTY	TATE
IVISION Offer the street of th	2	AT WORK AT WORK		(AT HOME STA	EET PACTORT OF	A			0-	V	1	
D VIDIN OF A		22a I certify that (I) (T	his nospital	offended th	dereased fr	om	19 7	7	10_ U	10	9 <u>1</u> th	at (1 <del>1 worl</del> ost
TTEN portol TOR for u		sow the deceased above, (1) (me) (did		1 Cysl	ofter death	19 1 . 01	that in (my) + opin	nion deo	th occurred on the do	te and hour	and from the co	uses stated
hosa hosa hed hed ept		226 SIGNATUR		view iie body	oner deam		DEGREE				220 DATES	GNED
TAL O y the SAL D defoci off Do		1	1	/			ATTENDING PHYSICIAN	G K	MEDICAL STAF		1/0/16	, LV7
HOSPITAL med by the FUNERAL vid be det		724 PHYSICIAN'S HAN	AE ITTO	ent)			22e ADDRESS	1				
TO HOSPIT etoined by TO FUNER should by with the Ste		Track	A) (	MAN	M		9401 Just	au L	lego High-	17.6	WASH N	120141
Of of short	230	; Burial, Cremation, re	EMOVAL I	23b DATE		231 NAME OF C	EMETERY OR CREMATO	RY	23d LOCATION	1		
RD		(SPECIFY) Rumial		10/19/	87	Cedar H	Hill Cometer	rv	Suitland	P	G. Mar	vland

DHMH 16 60M 7/84

BP.

24 FUNERAL DIRECTOR (VRA 15, 4)

George P. Kalas Funeral Home Oxon Hill, Md.

AS DATE REC'D BY REGISTRARYSH REGISTRAR'S SIGNATURE ADDRESS 6160 Oxon Hill

165320 036330 - Fred Carl Control Spek

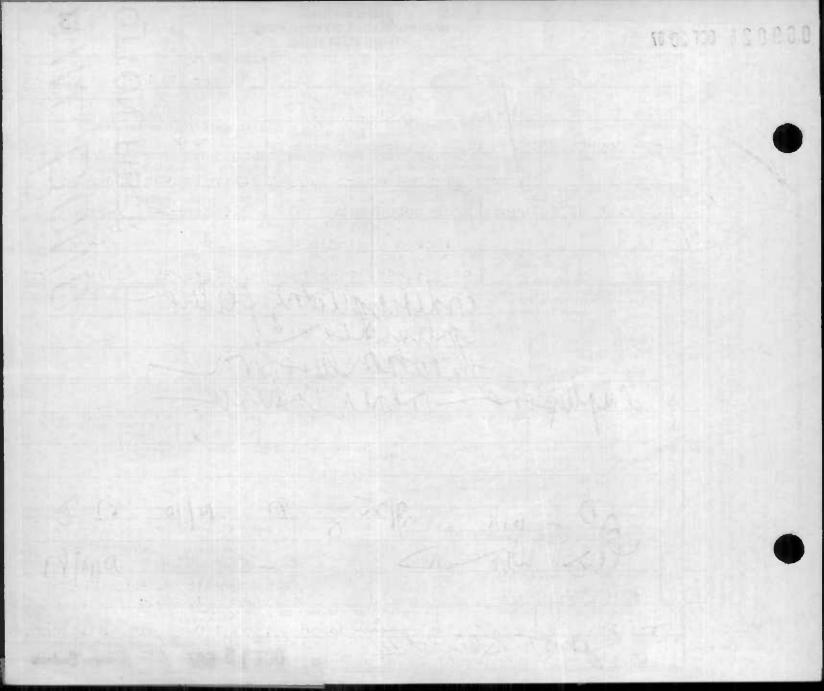
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4 9 3

	CEASED NAME FIRST	MIDDLE	EAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
(1118)	Thomas	NMI	THOR	NE	October	10,19	87	2:53 Am		
3 SE		4 RACE	5. DATE OF		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR		
Ma	ale	Black	May :	30,1924	63	YRS	MONTH! DAYS	HOURS MIN.		
	IRTHPLACE (MATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8			9 BALTIMORE CITY OR COUNTY OF DEATH				
	ash County, N	.C. USA	WIDOWED	F BRTH  30, 1924  63  785  6 AGE TRIVEAS LAST BRIDDAY  63  785  785  785  785  785  785  785  78						
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OTHER INSTITUTION				OF BUSINESS OR		
1_	Lanham			Pr. Geo. C				way		
USU 13a	IAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				()	(16)69		
D.		olumbia Wash					/	ace. N.H		
14. F/	ATHER'S NAME	week in	. 1	MOTHER'S MAIDEN	NAME					
1	Thomas		orne				-			
The Y	WAS DECEASED EVER IN U.S. AN		SECURITY NO. I	TAMMING I		RE55				
	yes venoused payer or	579	34.6991	Timothy	Thorne-son	n-3524	4 Silv	er Park		
	11 CAUSE OF DEATH (Enter in	dy one course per long to come!	Jugita	Apt.	10 /Swith	M DA	aryta	PCI POTRVAL		
	PART L DEATH WAS CAUSE	TE CAUSE INS. COM	unes	Much	2 Huu	V				
1	10000000	nue to ne as adous	Andrews or M	10	1					
1	Conditions, if may, which	( An	UWWY	u, \						
	gave rise to immediate cause (a), stating the	DUE TO OR ANA CONS	I had	- 1/2 -	1.00					
	underlying coose last.	m	mille	Veunt	INV	_				
	PART 2 ATHER SIGNAL CANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	STRELATED TOWNER	WHAT DISANT DECC	NO PORTOR A	EN IN PART 1			
S S	Inmulus	er	men	1 M	MUXIVE-					
13	19a DIATE OF OPERATION	THE CONDITION FOR #	HICH OPERATION	WAS AGREDRANED	38s AUTOPSY7					
CERTIFIC	1			/	YES - NOW	The state of the s				
8	ZIa. ACCIDENT WAS UNDERLYING.	THE TIME OF INJURY	DAY YEAR	II. HOW BUJURY OCC	CURRED	ook is manife	NET CHEMITIN			
18	OR CONTRIBUTING CHURCH OF DE	AND THE PERSON NAMED IN TAXABLE	19							
MEDICAL	214. INJURY OCCURRED	21s. PLACE OF INJURY 141 HOME STREET ASCIDENCE			circe	School	Chimir	11479		
2	at some D agracuat D	No. seminated transferror	2/2	- (		1 100	50	1		
1	22s I certify their lighths hosp		om All	19	Y 1 to 0	10	10 6	that (t) we) feet		
	saw 16 deceased nive of	serable body after death.	19 and	that in my court opin	non death occurred on the	date and how	and from the	connectored		
	27h Store From	11/100	DE	OWEE			2h. DATE	SIGNISO		
	NEW T	WIN					DIV	10		
1	274 PHYSICIAN'S NAME THE	(in PRINT)	12	1+ ADDRESS 67	01 Crossbolt	p.1 c	and the lit	17		
	Lewis Dennis	, M.D.						-1.7		
	BURIAL CREMATION, REMOVAL	23b. DATE	23c NAME OF CEN	ETERY OR CREMATO	RY 238 LOCATION	40770				
	Burial ()	Oct a 14.19	87 - Was	rington N		meter	V S11	itland N		
	UNERAL DIRECTOR	1. 160000	11/1/							
St	tewart Amera	al Home-4001	Benning	Road N	DET 1 6 1987	7 Auria	Singer	- Pandres		
				11000		1 1				

DHMH 16 60M 7 8 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEDTIFICATE OF DEATH

87	REGISTRAR				CEKTIFI	CATE OF DEATH		REG.	NO		
	CEASED NAME OR PRINTI	ELMER		OLE .	TIÏ	GHMAN	2a DA	TE OF DEATH	10 0	1 87	2° 37PM
3 SE)	X		4 RACE		5. DATE O	FBIRTH	6 AGE	( IN YEARS LAST	BIRTHDAY)	IF INDER TYEAR	
	Male		Black		May	20,1915		72	YRS	MON H EATS	HU A MIN
	RTHPLACE MATE COUNTRY) Md.	DR FOREIGN	Th CITIZEN OF WI		8	NEVER MARRIED		RINCE	OR COUNTY GEORGE	OF DEATH	TY
	CHEVERLY		PRINCE (	ACILITY, GIVE STREET	HOSPI	ROTHER INSTITUTION	(TYPE O	UAL OCCUPA FWORK FOR MOS <b>ehous</b>	T OF WORKING LIF	EI INDUSTRY	Gov t
13a S	AL RESIDENCE HENG STATE Md.	P.G.	TY 1	CITY OR TOW		136 INSIDE CITY LIMIT	71	04 Ha	s/ZIP CODE	s Dr.	20743
	John		WIDDLE T:	llghman		Alberta		MIDDLE		Hawki	1S
	VAS DECEASED EVI YES NO OR UNKNOWN) Yes		WAR OR DATEST	578-16-		IT INFORMANT Estelle	Tilkh		ame a	s # 1	3 abov
	Conditions, if or gove rise to a couse of statuments.	IMMEDIAT ny, which mmediate ting the	DUE TO, OR A		NCE OF	RATORY	(-) (	RRES	7	BETWEEN	XMATE INTERVAL NONSET AND DEAT
CERTIFICATION	PART 2 OTHER SI CEREI	BROU	ASCULI	AR A	CCID	NOT RELATED TO THE		AUTOPŠY?	206 IF YES	, WERE FIND	
MEDICAL CER	210 ACCIDENT WAS IT OR CONTRIBUTING [IFETTHER NOTIFY M 21d IN JURY OCCU	CAUSE OF DEA	P.M. 21e PLACE OF LAT HOME STREE	MONTH DA	19	216 HOW INJURY OF	CCURRED ITN	TER NATURE OF IN		(OUNTY	, ATE
	22a I certify that sow the dece above (h) Iwe 22b SIGNATURE	ased alive on	A	50 19		d that in (my! our) op DEGREE				22c DAT	ESIGNED
	22d PHYSICIAN'S	NAME LIVPE O	RAJI	$M \cdot D$		D. ATTENDITION PHYSICIAL P	AN DIREC	TOR PHY			2-87 MD207
	(Pecchi)	n, removal	10/61	/ -			EM. 1		CAISBU		G. Ho.
	S. KINSHI	N670 N	+SONS 4	1925 BU	KAUU	EMS AVE. N.E	OCT 1	BY REGISTR	AR 256 REGIST	rar's signa	TURE

DHMH 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has the should be detached for use as the burnol-transit perim with the State Dept of Health and Mental Hygiene principle.

ATTENDING

TO HOSPITAL OR ATTEN

BP.

FOR STATE

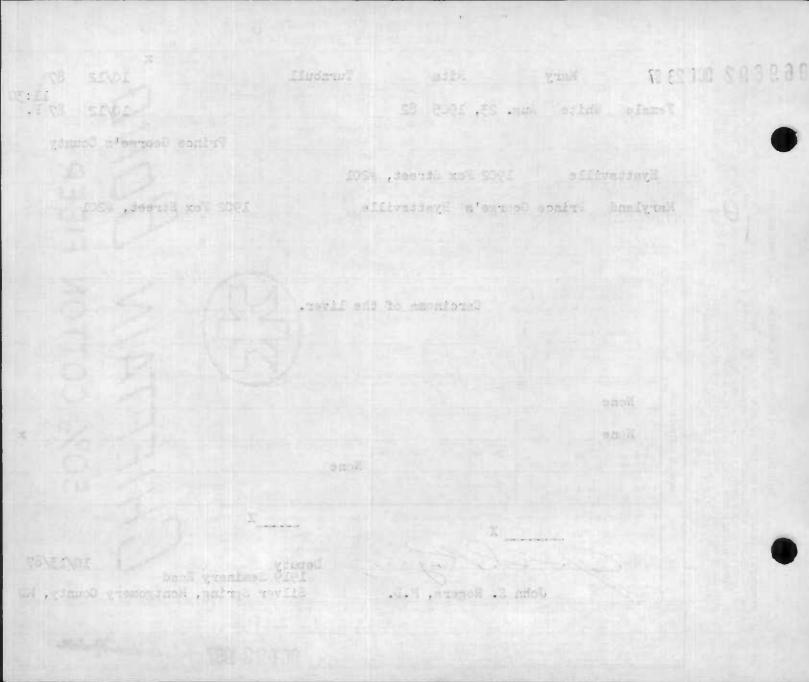
OCT

poge 3

MAN MENTAL PERSONAL PROPERTY OF THE PROPERTY O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X OF Rita Turnbull DEATH MATED Mary IF UNDER 24 HRS 2c DATE AST BIRTHDAY MONTH PRONOUNCED 82 Aug. 23, 1905 19 87 P. Female White a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) PENNSYLVANIA USA DIVORCED Prince George's County 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY HOMEMAKER Hyattsville 1902 Fox Street, #201 136 COUNTY 30 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS LTIMORE, MD, 2120 20783 1902 Fox Street, #201 Maryland Prince George's Hyattsville NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FRANK KILLGALLON ELLEN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO DAVID TURNBULL/SON/SAME AS 13 212-74-9111 NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcinoma of the liver. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF R; THIS CERTIFICATE SHOULD BE EXACTED THE WORD "PENDING." IN DRWARDED TO THE CHIEF MEDICAL R: PAGE 3 SHOULD BE USED AS A BURING STATE DEPARTMENT OF HEALTH AND THE STATE OF BURING." lying couse last. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] None 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 714 INJURY OCCURRED 71e PLACE OF INJURY (ATHOME 211 LOCATION STREET FACTORY FARM ETC 1 STREE CITY OF TOWN WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Inspection X Autopsy ond in my opinion Natural couses death resulted from Accident Suicide Homicide Undetermined manner TITLE (SPECIFY ACTUAL DATE SIGNED\_ 10/13/87 Deputy \_\_MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 736 NAME OF CEMETERY OR CREMATORY VIRGÎNIA OCT15,1987 ARLINGTON BURIAL ARLINGTON NATIONAL CEM 07 84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SICHATURE 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901 (VR A15 ME (5))

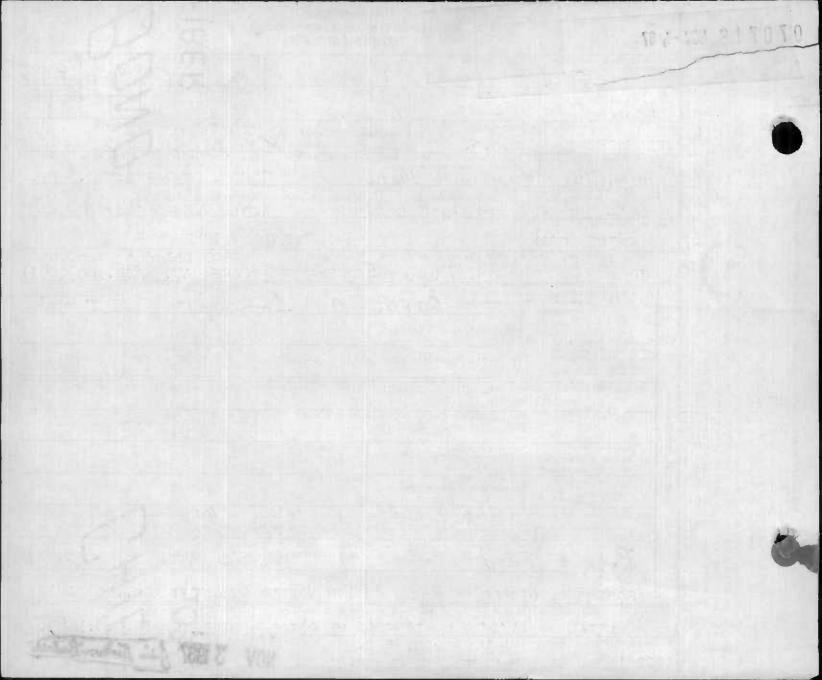


4603 ADBLAgden Terr., NW BROOKS-DAU. WASH., DC 20011 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH monsh PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NAT RE DEINJURY IN ITEM B PART OR PART 2 ond that in (my) our) apinion death occurred on the date and have and from the causes stated 10-28-81 1140 VARNUM ST., NE WASH., DC 20018 ROBERT T. DIBBLE 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL LINCOLN MEMORIAL SUITLAND, 24 FUNERAL DIRECTOR MORROW & WOODFORD, INC. DHMH - 16 50M 4/83 (VRA 15, 4) 11TH. ST. NW WASH

STATE OF MARYLAND

INDUSTRY

.FED. GOV.



ored within 24 havrs after death Page 4 may be Completely filled in by the funeral director page (C) and 2 should be filed within 72 hours after death Colexaminer must be notified at once

death certificate

O HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the haspital ai attending physician

TO HOSPITAL

BP

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

304.97

		REGISTRAR				CEKITI	ICATE OF D	EATH	REG N	10		
) 0	I-DE	CLASSIP NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	[ '	20 01	Georg	je	S.	Van	Hook			10-1	9-87	9.
	3 SE		4	RACE		5 DATE (		¥4 A D	6 AGE IN YEARS LAST BE	RTHDAY)	H NOER YEAR	IF A VER A
0 1	4	Male		Bla		9	21	1915		YRS		11/1
9000		IRTHPLACE MATERIAL COUNTRY	OREIGN 76	CITIZEN OF		NTRY? 8 MARRIE	D NEVERA	AARRIED -	9 BALTIMORE CITY	_		
B		W. VA.			.A.	WIDOWI		VORCED [	Prince			
nonvied	L	andover		Resid	lence,	URSING HOME ( ESTREET ADDRESS) /1916 O	regon	Ave	TYPE OF WORK FOR MOST			
nust be	USU 130	AL RESIDENCE IF NURSI STATE Md	13b COUNTY	1	130 CITY O	RTOWN	13d INSIDE C		13. STREET ADDRESS	/ ZIP CODE	120/20	705
Je J	14. F	ATHER'S NAME			Barras	3101	YES [Y]	MAIDEN NAM		gon r	100/20	1703
E 0 !		Earnest	MIE	DDLE	Van Î	Hook	S	arah	MIDDLE	F	reela	ind
100		WAS DECEASED EVER		D FORCES?	166 SOCIA	L SECURITY NO	17 INFORMA	NT	ADDR	ESSLand	dover	, Md
E .		Yes	WW11		233	129707	Angel	ina C	. Van Hool	/191	6 Orec	ron A
2		18 CAUSE OF DEATH	H Enter only	one couse per				1		-1	A COUNTY DOOR	XIMATE INTERVA
a . Kunlu	N C	PART 2 OTHER SIGN	HEICANT CO	nditions <u>co</u>	NTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERMI	nal disease or con	IDITION GIV	EN IN PART 1	0
hua -	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		, WERF FINDI	
300	TEK			-					YES NO		YING CAUSES	S OF DEATH
E .		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216 TIME O HOUR A.	M MONT	H DAY YEAR	21c HOW IN	JURY OCCURR	ED ENTER NAT RE DE NI	RY IN TEM 8 F	ΔR: ₩: ΔR:	
E d	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATIO	N	TY )( )		N1+	MAT
S S	×	AHUE NOT WH	ILE CO	(AT HOME STR	REET FACTORY	OFFICE FARM ETC	III NEET			JWN		
e E		220 I certify that (III	(this haspital	attended the	e deceased		ULY	. 195-5	10 10	and-	19	that I we
7		saw the decease above (1) (we) (d	ed alive an lid\/did nat \v	riew the bady	after death	19.57.01	nd that in (my)	(aur) apinian d	eath occurred an the d	ate and hav	and from the	causes state
6		226 SIGNATURE	- AND THE PERSON NAMED IN	1			DEGREE	TTENDING			224 DATE	SIGNED
		MA SIGNAL DRE	Sy }	Sle	eru	1			DIRECTOR PHYSIC		101	21/2
		22d PHYSICIAN S.NA	ME (TYPE OR PR	SCL MOH	-Ar	1		PHYSICIAN .			10	21/2
NA N		M	< 1	MO H	HAR	230 NAME OF C	22e ADDRESS	PHYSICIAN (	23d LOCATION	CIAN []	STATE OF THE STATE	2/12
		BURIAL CREMATION, I	< 1	MOH	A ~ 3/87	230 NAME OF C	22e ADDRESS	PHYSICIAN (2)	23d LOCATION CITY OF LOWN Landov	er	PG	21/2
2/84	24 F	22d PHYSICIAN S.N.A. BURIAL, CREMATION, 1	REMOVAL	10/2		Harmon	22e ADDRESS	PHYSICIAN (2)	23d LOCATION	er		

DHMH 16 60M 7/8 (VRA 15, 4)

BP.

DHMH 16 60M 7/8 (VRA 15, 4)

969844

FOR

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

27	GISTRAR		CEKITI	CATE OF DEAT	н	REG.	NO			
	CEASED NAME FIRST	WIDDLE		NS1		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
0.051	Flore	nce Ella	Val	1 Ormai		4 ACE	10	16	87	1103PN
3 SE	x emale	White	S DATE C	ember 20,	E 4 D	6 AGE (IN YEARS LAST	BIRTHDAY	MONIN	ER YEAR	IF INDER, 4 HR
	RTHPLACE THATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8			9 BALTIMORE CITY	OR COUNT	TY OF DI	EATH	
Ne	ew York	U.S.A.	MARRIE	DIVORC	1	Prince G	-			t <b>y</b>
100	yattsville	11. NAME OF HOSPITAL, NURSIN Carroll Manor	ADDRESS).		ION	120 USUAL OCCUPA 114PF OF WORK FOR MOS Housewif	TOF WORKING	LIFE IN	DUSTRY	Home
130 S Ma	aryland Mont	gomery Silver S		138 INSIDE CITY LI		13e STREET ADDRESS 423 East	India	n S	oring	
IA FA	William	Olasi	/an	15 MOTHER'S MAI	DEN NAM	AE MIDDIE			Cur	20901 ran
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV D	MED FORCES? 166 SOCIAL SECU 093-24-		17 INFORMANT   Ernest B		n Orman				k Driv Jersey
	Conditions, if ony, which gave rise to immediate cause ion. Stating the underlying cause lost	D BY TE CAUSE (0) OCUL  DUE TO OR AS A CONSEOU  OUE TO, OR AS A CONSEOU	elelo	les Care	hovo	ble Vieg	is ea	disel el		MATE 10.7831
CERTIFICATION	PART 2 OTHER SIGNIFICAND OF STREET	CONDITIONS CONTRIBUTING TO OSE WITH LEST	Remi	pleasa (	edo	NAL DISEASE OR CO	1784 IF Y	USCA ES. WER	is J	STUSED OF DEATH? NO []
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21¢ HOW INJURY	OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART DE	PART,	
MEDICAL	21d INJURY OCCURRED  WHILE NO WHILE ALWORK	21e PLACE OF INJURY		211 LOCATION		CITY OR	10WN	00	NIY	TATE
	220 I certify that (I) (this hospi saw the deceased alive on abave, (I) (Me) (did) (this no	toll ottended the deceased from 192	370.00		opinion d	eath occurred on the	date and he		fram the c	
	778 PHYSICIAN'S NAME (TYPE C	P. Whelto	u)	ATTEN PHYSI		MEDICAL ST DIRECTOR PHYS	AFF ICIAN [	/	10-1	7-87
	RICHARD 1	WHELTON	V	4700 Be	wy	n House	Rd	Col	Dego	Parket
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREM	1	234 LOCATION CITYON TOWN		FOUN	4FY	TIATE
74 F1	Burial	10/21/87 Br	ooksi	de Cemete		Shortsvil		ntar	144	Vew Yo
Fr	ancis Gasch's	Sons Funeral Hovenue Hyattsvill	me, P e Md	. A. 20781	nn.	2.6 1987	NEO!	JIRAK S	3,314,14	Lat. Da
4/	39 Dal Ulliote A	venue Tryactsvin	c,		.00					

#### - STATE O SEGISTRAR LEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED F UNDER 24 HRS 300 LAST BIRTHDAY) PRONOUNCED August 29, 1899 88 White 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's County U.S.A. Canada O CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK Union Local Carpenter Doctor's Hospital Lanham YES X NO 833 Dwiding Road 21146 Maryland Anne Arundel 14. FATHER'S NAMI 15 MOTHER'S MAIDEN NAME Rooney Villeneuve Joseph Ellen 17 INFORMANT (Son) 4907 Somerset Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO Riverdale, Md. 20737 Noel F. Villeneuve 579-03-6725 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c) uniquelustro cardiovasculo disease PART I DEATH WAS CAUSED BY RITING THE WORD "PENDING" IN PENCIL IN 1TEM 1 RDED TO THE CHIEF MEDICAL EXAMINER ALONG 3E 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL IMMEDIATE CAU! O ON AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY JATHOME II LOCATION CITY OF TOWN WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Inspection Natural causes Hamicide Undetermined manner death resulted fram Accident MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct , Temple Hills, MD iguez. M.D. YO. 230 NAME OF CEMETERY OR CREMATORY 230.BURIAL, CREMATION, REMOVAL 236 DATE Silver Spring Montgomery Md. 10/21/87 Gate of Heaven Cem. Burial 17 84 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE . Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 DHMH 17 (VR A15 ME (5)

STATE OF MARYLAND

70 53 700 (270 128) Wilkem Jusque Villement 10 11 87 Chilly selected the west 2 moths descripe -Jugarle / Lange - Some the arter at your and present the state of the three of samples.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 26 HOUR VINEBERG DECEASED NAME LEONARD (TYPE OR PRINT) VINEBERG EONARD 5. DATE OF BIRTH 4 PACE 3 SEX WHITE BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE STATE OF FOREIGN 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ! 10 CITY OR TOWN OF DEATH PRINGERINS 136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4922 LASALLE ROAD YESXX GEORGE'S 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FRANK FURT INEbeng BETTE 17 INFORMANT 16h SOCIAL SECURITY NO IAN WAS DECEASED EVER IN U.S. ARMED FORCES? SHIRLEY C. GREENBAUM. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for al, ib, and ic PART I DEATH WAS CAUSED BY maranuscubio IMMEDIATE CAUSE 101 CONSEQUENCE STO votice / de on! Disease YOUN Conditions, if any, which gove rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part 11 a 10 me 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T NO 71h TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART | DR PART 71n ACCIDENT WAS UNDERLYING HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. LE EITHER NOTIFY MEDIC ALEXAMINERI 21d INJURY OCCURRED TIE PLACE OF INJURY HIV OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) AND NOTWHILE The I certify that (I) (this hospital) attended the deceased from ond that in (my) four) opinion death occurred an the date and hour and from the couses stated sow the deceased glive on above, (I) (we) (did) (did not) view the body after death 220 DATE SIGNED DEGREE OW 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN GrashDen ROL 22e ADDRESS 10300 WASHINGTUNRYHEBREW CONGREGATION 230 BURIAL CREMATION, REMOVAL 236 DATE 11/3/1987

DHMH 16 60M 7/B4 (VRA 15. 4)

DUNAL DEGMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D.C.

WASHINGTON. D. INIC.

ROBEGISTRAR 255 REGISTRAR'S SIGNA HILL

17 (-225 101-017

069124

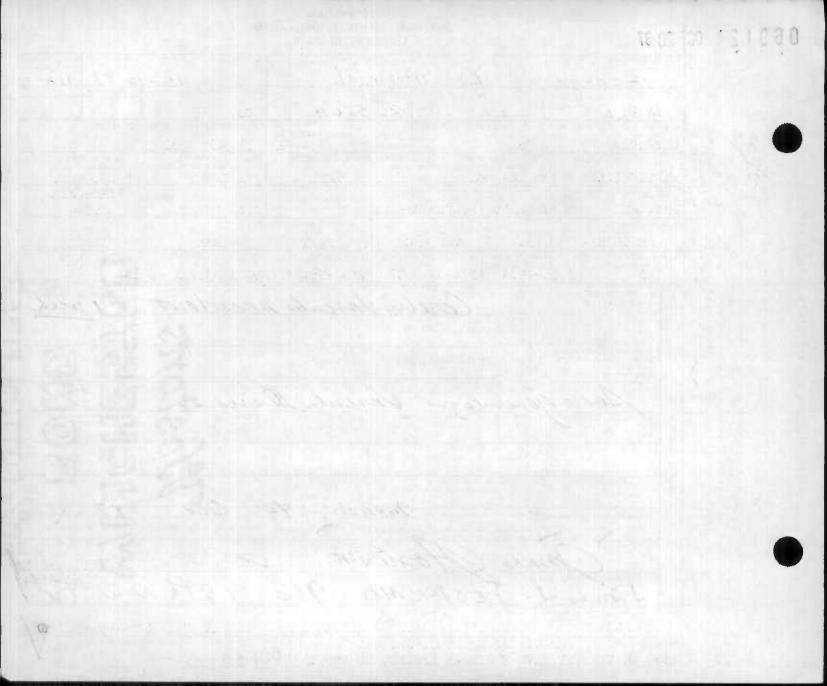
## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				ICAIL OI DEATH	REG N	0		
		EASED NAME F	IRST.	MIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	11177	GEORG	6	L. 11.	onn	nch		10 - 10 -	87	11 A M
	3 SEX		4 RACE		5 DATE C		& AGE IN YEARS LAST BIR		ER VFAR	IF INITE AHR
		MALE	Caucas	sian	SMONTH	5-04 YEAR	83	YRS	Α.	HOURS MIN
6		RIHPLACE HATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	O NEVER WARRIED O	9 BALTIMORE CITY O	R COUNTY OF DE	EATH	
7		CHIGAN	USA		WIDOWE	D NEVER MARRIED DIVORCED XI	PRINCE GE	ORGES		MD
7		TY OR TOWN OF DEATH			HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	10N 12b		F BUSINESS OR
2	100	ATTSVILLE	CARI	COLL MANOR	NURS	ING HOME	PRESIDENT		EN.	UNT.
1	USUA 13a S	AL RESIDENCE (IF NURSING TATE	HOME OR OTHER INSTITUTIO	130 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE S	INDI	CATE
5	MA		MONTGOMERY	SILVER SI			2953 MOZAR		209	04
8	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
N	1	MAXIMILIAN	E.	VON MA	СН	MARY	ANN		SI	
			US ARMED FORCES?			17 INFORMANT	ADDRE	ESS	OL	.110
2	- 13	YES	1951-1954	378-09-09	987	ANN FISHER/D	AUGHTER/SAM	E AS 13		
		18 CAUSE OF DEATH	Enter only one couse pr	er line for to ond	8	1	- /		APPROXU BETWEEN C	MATE INTERVAL DISET AND DEATH
		PART I DEATH WAS	CAUSED BY MEDIATE CAUSE (a)_	Cenu	no i	Vasculer,	prede	1	1	week
		1741	_		165.05				_	
		Conditions, if ony, w	L - L (	OR AS A CONSEQUE	NCE OF					
		gove rise to immed	liote							
		couse io, stating underlying couse		OR AS A CONSEQUE	NCE OF					
			(c)_		CANCELLIA.	*//			-	
	z	PART 2. CONSTITUTION	2 lane	1:-11	7/	NOT RELATED TO THE TERM	WALDISEASE OF CON	BILLION CIVIN IN	PART NO	
-	ATIO	IN DATE OF OPERATED	Jones	DITION ON WHICH O	UN	received the	20a AUTOPSY?	206 IF YES, WER	E EINIDIN	CCLICED
1	CERTIFICATION	THE OWNER OF THE OWNER,	0	CHIACA CAN AVIICA		A MASS ESTERANCE		IN CERTIFYING		OF DEATH?
_	RT		All The	OF BLUIBY		Tal How hilling occur	YES NO	YES [		NO []
		210 ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	LI CITE	OFINJURY AM MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I DE	RPARTY	
	CAI	(IF EITHER NOTIFY MEDICAL		P.M.	19					
	MEDICAL	21d INJURY OCCURRED		E OF INJURY	DAA ETC 1	211 LOCATION	CITY OF TO	OWN C	PINIC	STATE
	>	AT WORK AT WORK		THE THE TOWN OF THE TA	A A					
		22a I certify that It (th	hospital oftended	the deceased from	MAR	nov 19 84	to UCV	19.8	7	that \ we last
		sow the deceased	olive on	19	, or	nd that in (my our) opinion	death occurred on the d	ate and hour and f	from the	couses stated
		22b SIGNATURI	view the bac	ly differ dealing		DEGREE		2	21 DATE	SIGNED
			me	1/1/1	20	ATTENDING	MEDICAL STA		OCT	10 1007
į.		22d PHYSICIAM SMAM	E (TYPE OR PRINT)	40		PHYSICIAN [	OTRECTOR   PHYSIC	IAN	UCI.	1001981
		The	TT	05 ten	ALL	9/1	194	1 111	1 16	2000
		JAmes	, ~ , ,			110	17	7 10-4		OC.
		URIAL, CREMATION, RE				EMETERY OR CREMATORY	23d LOCATION	( Dur	VII	STATE
		BURIAL	- 1			HEAVEN CEM	SILVER SP			
	24 FL	INERAL DIRECTOR	FRANCIS J.	COLLINS,	JR.	250 DA	TE REC D 8Y REGISTRAR	256 REGISTRAR'S	SIGNAT	JRE .
	50	00 ÜNIVERSIT	TY BLVD W S	SILVER SPRI	ING,	MD 20901 U	CT 1 9 1987	1		
700							100/	Julia Din	4. ~	2

DHMH 16 60M 7 84 (VRA 15, 4)

BP.



06883

mpletely filled in by the funeral director, page 3

must be natified

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	E	G.	N	10

		REGISTRAR		CENTII	ICATE OF DEATH	REG. NO			
Ш		EASED NAME FIRST	MIDOLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Sarah	S.	Wa	lker	Octo	ber	9,1987	11:35P -M
	3 SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF JNDER YEAR	FUNDER 24 HR!
	-	Female	Black	June		55	YRS	D	Mil
Ĺ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
		Md.	U.S.A.	WIDOWE	99	Prince Geo	rge's	S	MD
4	-	aurel	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMENAKET		126 KIND O INDUSTRY Own	Home
5	USUA 130 S	TATE  Md.  Isb COUN P. G	NTY 13 <u>c</u> CITY OR 1	EFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO [	13. STREET ADDRESS /	ZIP COD		0708
1		THER'S NAME FIRST IENTY	MIODLE		Alice	MIODIE		1/477 1 4 1/45	
-		AS DECEASED EVER IN U.S. AR	Savoy MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	4 PP P PADDRE	SS 1- 0	William	
		ES NO OR UNKNOWN) (IF YES GIV	E WAR OR OATES	+-5142		1/55 HI		ield D	c.
		No	£1)-4-		Damie Mair	er-Severn,	Md		MATE INTERVAL
V		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY	3	2	Que sol		BETWEEN	ONSET AND DEATH
9)		IMMEDIA	TE CAUSE (O) CAYO	110 1100	monary	Clarest			
			DUE TO, OR AS A CONSE	QUENCE OF	1 5 1	2			
		Conditions, if ony, which gave rise to immediate	(b) Jev	01	or - pur	n mare			
		couse to stating the underlying couse lost	DUE TO, OR AS A CONSE	QUENCE OF	, 1	· R.	1.		
			(a) Cm/	) hindle	nat ch	vince ora	nohi	lis	
	NO O	PART 2 OTHER SIGNIFICANT	e Cos Mil	a Cej	T Q.	ainal disease or conf	HION GI	IVEN IN PART 1 o	9
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	
	CER	210 ACCIDENT WAS UNDERLYING		DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PAR' OFFART,	
	AL	OR CONTRIBUTING CAUSE OF DEA	1377	DAT TEAK					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	ITY OR TO	W.N.	LOUNTY	HATE
	2	WHILE NOT WHILE I	(AT HOME STREET FACTORY OFF	ICE FARM ETC	SIREET	1	1		
		22a I certify that (1) (this hospi	tol) ottended the/deceased fix	om_ 101	5/8 198	1 10 10/		19.87	that (Ii (we) last
		saw the deceased olive on	10/9/ 11) view the body ofter death	987.01	nd that in (my (our) apinion	death occurred on the da	he and ho	our and from the	causes stated
		226 SIGNATURE	in view me bydy oner deam	า	DEGREE			22c DATE	SIGNED
		Kero	elty mody	by MI	BBS ATTENDING PHYSICIAN	MEDICAL STAF		10/1.	2/87
		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	11.	22e ADDRESS	0 10 - 5	A =	11.0	100110
		KEVITIA	4 MORIT	+7		ANDOVER.	RD/	-1-NDO	OEKAD.
	7	URIAL) CREMATION, REMOVAL	10/15/87	HARMO	EMETERY OR CREMATORY	Z3d LOCATION CITY OF TOWN LAS MYOU		13 G. A	10 STATE
		INERAL DIRECTOR	ADDRA	145		TE REC D BY REGISTRAR	255 REOK	STARSAIGHAR	TOWNS !
	H	S. WASHINGTON +	SOUS 4925 B	112 Ra 6461	KAVE, N.E.	10 1904	2 1 0 0		

DHMH 16 60M 7 84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The etoined by the hospital or offending physician

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or oth TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

				18.81
	9501.2	A MILE		alerat.
.an Thurs .2 Dears			SPATE .	 No.
prost (7.1)	1100			
Etalinata biri		and a		

38F 8 T30

16000 Annapolis Road

Bowie, MD

Home

DHMH 17

(VR A15 ME (5))

Beall

Funeral

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Divideon Per

10/15 87 6. Male Male du. 9, 1943 let to the same of the Frince Copres o Causty South of the Charleson's lone of the Charleson's Carry Margiand partner George's Bowle Late 13406 twenty-ok Late 20135 SECRETARY OF THE PROPERTY OF T efaces for a frictigit 10/21/01 Lond guenines Sentines Lond 10/15/67 John S. Hogers, N.D. Sillver Stylng, Mentscorery County, Int R systyfurfeld, north SA, 1987 nt. Reachts Court are a Court are a Court and a 

REGISTRAR

DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE / J J	, 0	4
NTAM	IN WA-LZ	20 DATE OF DEATH MONTH	6/87	3:33 AM
e	5. DATE OF BIRTH May 8 DAY 1907	6 AGE (IN YEARS LAST BIRTHDAY)  80 YRS	MON'HS DATS	IF UNDER 24 HRS
T COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Ge		MD.
GEOTY	G HOME OR OTHER INSTITUTION PORTION	120 USUAL OCCUPATION  (TUE OF WORK FOR MOST OF WORKING L		arage
ESIDENCE BEFORE		112. STREET ADDRESS / ZIP COD	F 1	20772

DECEASED NAME TTYPE OR PRINT BERNARD page 3 or death 4 RACE 3 SEX Male Whit TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHA New York USA 10 CITY OR TOWN OF DEATH 1. NAME OF HOSP PITTHEE ACI Cheverly USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE F 130 STATE 136 COLINTY ould be Pr Geo ppMarlboro 9115 Mariboro Pike #14 Maryland NO [ 4s 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME lond 2 Bernard MIDDLE Walz Annie ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Pages (VES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 10 2730 Frances Louise Walz Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for lo), (b), and (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o MYOLARDIAL Conditions, if ony, which gove rise to immediate couse o', stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse Then please PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION PROSTATE DE MELLITA CARCINOMA. After this certificate has been the buriol-tronsit permit and Mental Hygiene prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY orked or CITY OR TOWN (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET WHILE NO! WHILE for use os of of Heolith a 220.1 certify that (1) (this hospital) attended the pleceased fro TO FUNERAL DIRECTOR sow the deceosed of the one of the body ofter death my) (our) opinion death occurred on the date and hour and from the causes stated should be detached for with the State Dept of H DEGREE ATTENDING! MEDICAL DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS AUDING. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 231 NAME OF CEMETERY OR CREMATORY "Switland 90ct1987 Cedar Hill Crematory BP

DHMH - 16 60M 7/84 (VRA 15. 4)

Funeral Home 24 FUNERAL DIRECTOROBERT Maryland Suitland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Fisher

YES [

COUNTY

22c DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

STATE

ADTY

## STATE OF MARYLAND

8877 OCT 19	FOR STATE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO								
nay be page 3	1 DE	CEASED NAME FIRST ADDIE		P.		INGTON		0-10-87	6 03AM
ctar pag	3 SE	× FEMALE	RACE BLACK		OCT.		6 AGE (IN YEARS LAST BIRTH	YRS I INDER TO	EAR IF NEER, 1 HK
death Pag uneral dire		RTHPLACE ATE OR FOREIGN RTH CAROLINA		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	PRINCE G	COUNTY OF DEATH	MD
de de de		HEVERLY				OR OTHER INSTITUTION  ITAL CENTER	120 USUAL OCCUPATIO	WORKING LIFE) 126 KINI WORKING LIFE) INDUST RAIJ	D OF BUSINESS OR
24 have	130 S	AL RESIDENCE (IF NURSING JOME OF TATE 130 COUN		136 CITY OR TOW WASH., D.	C.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 1 1333 South	ZIP CODE Carolina A	Ave.,S.E.
mpletely ond 2 sh	1	ATHER'S NAME BERT	MIDDLE	BATTLE		15 MOTHER'S MAIDEN NA ROBERTA	AME	WIGO	GINS
n Chad ca Pages 1	lóa V	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	MED FORCES?	215 16 5		PERCY BATTLE	ADDRES E-Brother-112		St.,S.E.D
S, 201 W. PRESTON ST.  ures that the death certitioned by the attending pen please remove carbon burial, cremation, or removy, or other traumatic evenus.	z	Conditions, if any, which gave rise to immediate cause in stating the underlying cause last	DUE TO, O	OR AS A CONSEQUE	ENCE OF	J	WINAL DISEASE OR CONDI	ITION GIVEN IN PAR	Tho
IL RECORD In law req no has been s permit Th ene prior to	CERTIFICATION	190 DATE OF OPERATION	19b COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS USED SES OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN The law requir attenting physician sighter this certificate has been sighter this certificate has been sighter this certificate has been sighter this certificate briant. Then hand Mental Hygiene prior tab and Mental Hygiene prior tab arked ar Item 18 shows any injury	MEDICAL CER	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETE BETHER NOTIFY MEDICAL EXAMINET	HOUR A P 21e PLACE	DE INJURY  M. MONTH DA  M. MONTH DA  OF INJURY  REET FACTORY OFFICE F	19	211 LOCATION STREET	RRED LENTER NATURE OF INJURY		
UNIX	2	27a   certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did in did	tal) attended th	ne deceased from_	9/2	187 19 d 7	to 1.0 / 1.0 death occurred on the dat	e and how and from	that () (we) last the causes stated
TAL OR A TAL OR A RAL DIREC detached tote Dept		276 SIGNATURE	Made				MEDICAL STAFF DIRECTOR   PHYSICI	an 🗌	ATE SIGNED
O HOSPITA eformed by TO FUNERA should be de		M GHULH	MD			RIVERDAL			. 1400
BP		burial, cremation, removal INPECIFY) IRIAL	236 DATE 10/17/			EMETERY OR CREMATORY MEMORIAL CEM.	23d LOCATION CITY OF TOWN  ETERY SUITLA	AND PG	MARYLAND
A STATE OF THE STA	1 24 0	UNICOAL DIDECTOR				26 04	TE DEC D BY DECICED ADIA	EA DECLETOADE CAC.	LIM COLDE

DHMH 16 60M 7 B4 (VRA 15, 4)

ALEXANDER S. POPE-2617 Pa Ave SE Wash, D.C.

Julia Dieter Pire 6

070528 NOV

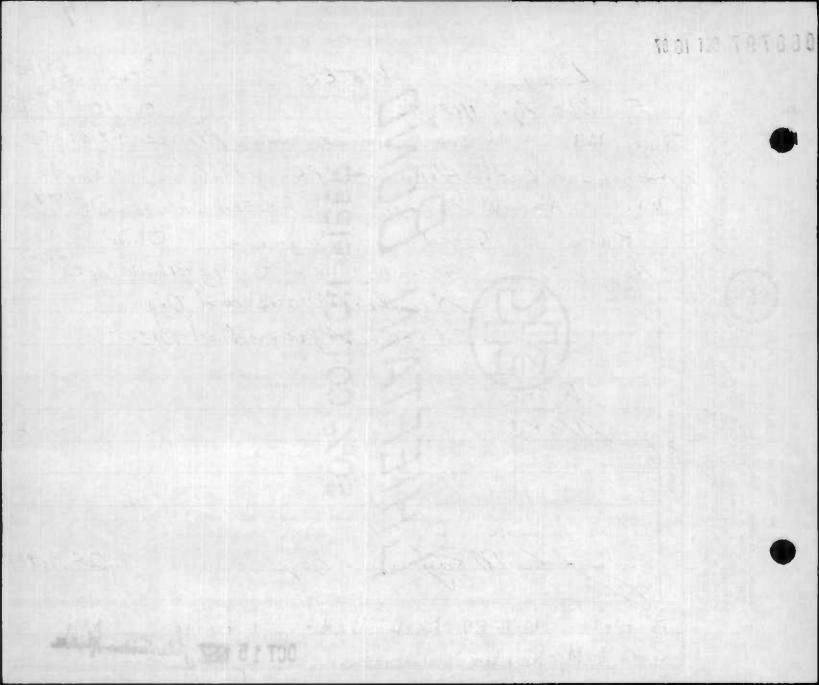
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

121	STATE FEGISTRAR			CERTIF	ICATE OF DEATH		G. NO		
	CRASED NAME FIRST Clevele	. 1	AIDOLE	Was.	hengton	20 DATE OF DEA	7/87	DAY YEAR	3 AM
Fen	nale	Black			er 5,1925 YEAR	6 AGE (IN FARSE)	ST BIRTHDAY)	IF INCHER YEAR	IF JNOER 25 HR
	RTHPLACE MATE OR FOREIGN		States	MARRIE WIDOWE		PRIME		OF DEATH	MD
10 CI	THOR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		PROTHER INSTITUTION	120 USUAL OCCL (TYPE OF WORK FOR A Maintan	OST OF WORKING LI		F BUSINESS OR
	AL RESIDENCE IIF NURSUNG HOME OF		GIVE RESIDENCE BEFORE TO Washing		AEZ NO DE CITA FIWILZS	13 STREET ADDR	isińzis cop	et,N.E.	19999
1	THER'S NAME FIRST  Henry Was	mington	LAST		15 MOTHER'S MAIDEN N FIRST Geraldin	e Unknown		LAS	
0	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN} (IF YES GIV	MED FORCES?	166 SOCIAL SEC 216-24-		17 INFORMANT  Cleveland	Washingto	n6302 Ha	ardwood,	
	18 CAUSE OF DEATH / Enter of PART I DEATH WAS CAUSE IMMEDIA	ily one cause per D BY TE CAUSE (a)	line for ab o	phic	- Ohece	c ua	Ifle	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, O    b)   DUE TO, O	RAS A CONSECU	TENCE OF	suf star	ce de	-660 NA	-lu	•
CERTIFICATION	PART 2 OTHER SIGNIFICANT (				NOT RELATED TO THE TEL	200 AUTOPSY?  YES NO	20b IF YE IN CERTI	S, WERE FINDIN FYING CAUSES	NGS USED
	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M MONTH	DAY YEAR	21c HOW INJURY OCCU		A-C-L-1	PART OR PART 2	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCATION STREET	C	PRIOWN	OUNTY	TATE
	22a 1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	10-	15-19	509	nd that in (my) (our) opinio	n death accurred on	he date and ha	or and from the	that    (we) last couses stated
	276 SIGNATURE	-: 12		M	ATTENDING PHYSICIAN		STAFF HASICIAN []	271 DATE	SIGNED .
	ABULHAS	AN U	ANSA		1 (01 -	26000	Ma	9.20	535
23a E	BURIAL CREMATION REMOVAL	230ctob			emetery or cremator gton Nationa	1 Cemetery	Suit1	and Mary	yland
124 Ft	uneral director azier's Funeral	Home 38			25a D	CT 30 198	RAR 256 REGIS	Durider.	Rudos

DHMH 16 60M 7/84

(VRA 15, 4)



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR RECEASED NAME DATE KNOWN DEATH MATED DEAD MARRIED NEVER MARRIED U.S.A. Pennsylvania Carpenter USUAL RESIDENCE HE IN NURSING Alden Weimer Elizabeth Erhardt Robert 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 9250 Edwards Way, Unit 702 Robert Weimer, Jr., Adelphi, Md. 20783 WW-2191-12-7255 ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 0m 2 04 gave rise to immediate couse (o) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 유堂 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE DEPARTMENT 11 PRIOR TO BU TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART OR PART 21 HOUR AM MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME II LOCATION AT WORK AT WORLE CITY OR TOWN PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Notural couses death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL 1919 Seminary Rd, Silver Spring, Md EXAMINER'S NAME John S. Roger's TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10-19-87 Ft. Lincoln Cemetery Brentwood. 17 84 FRANCIS GASCH'S SONS FUNERAL HOME, P.A. IT DHMH 17 (VR A15 ME (5)) 4739 Baltimore Ave., Hyattsville, Maryland

4	1				MARYLAND		0 1 / 0
0	1-	FOR STATE		MENT OF HEALT		YCIENE	0 3/1 0
060707	-	REGISTRAR		EXAMINER'S	CERTIFICATE O	MOEATH REG. NO	
4031311	JE DE	SED JAME FIRST	MIDDLE	411	LAST	20 DATE KNOWN [	MON YEAR 16 HOUR
A SE		1034	Ph	Weisi	nan	OF ESTI-	10-21 198/ N
STREET STREET	3 SE	1 PACE	S DATE OF BIRTH	6 AGE (IN YEARS IF U	INDER 1 YR IF UNDER	24 HRS 2c DATE MIN PRONOUNCED	MONTH DAY YEAR A HOUR
DIRE OUR ON S	1	Tale while	11-8-14	73 <sub>YRS</sub>	DA73 NOOKS	DEAD	D-2/ 1087790
ECESSA NERAL FOR Y WITHIN		RTHPLACE STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8 MAR	RIED NEVER MARRI	FO -	OR COUNTY OF DEATH
N WIT OF WATER		OHIO	U.S.A.		WED DIVORCE		GEORGE
SHRAZ	10 C	ITY OR TOWN OF DEATH	THE NOT HOSPITAL NI	URSING HOME, OR OT	HER INSTITUTION	12a USUAL OCCUPATION (TYP	ELECHIRICAL
PATIOTICAL SEE	1	LANHAM	Doctors NO.	Portal		SALESMAN	APPLIANCES
10 SEA 3		AL RESIDENCE (IF IN NURSING HOME TATE [136, COUN		SELECTE ADMINISTRATION	134 INSIDE CITY LIMITS	13e STRFET ADDRESS	1521/
AND SHOULD SHOULD BE SHOUL	Pa	15217	177	12 Durge	YES NO	2913 3 ha	dy svenue
A - GO WACK	34 F	ATHER'S NAME	MIDDLE	LASI	15 MOTHER'S MAIDE		LAST
DEATH PAND		ALBERT	WE	EISMAN	SADI		WEIS
IMOR PAGE PAGE PAGE PAGE	16a \	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT		SBURGH, PA.15217
S AFT GIVE TH F PAGE VISIC		NONE	16	7-03-5917	BURTON L.	HIRSCH FUNERA	L HOME 2704 MURRA
WIT. P		18 CAUSE OF DEATH (Enter of	nly ane cause peut of far (a). (I	b), gad (c) ) +	ai a	/ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S N S S S S S S S S S S S S S S S S S		PART I DEATH WAS CAUSE	TE CAUSE (III	Vensue	Cendro	meuland	Hor-
N 2. N III			4/	INSEQUENCE OF			
PRE NITHIN NOTE II NER RANS RANS REM		Conditions, if any, which gave rise to immediate					
A AMIN OF THE PERMIT		lying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF			
S. 20 S. 20			(c)				
ORDS DING DICA DICA TH AN EMAT	_	PART 2 OFHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PAR	T 1 a	
IL RECORD UID BE EXE "PENDING FF MEDICAS BE HEALTH A HEALTH A AL, CREMA	CERTIFICATION						
TAL RI HOULD RD "PI HIEF / USED OF HE RIAL,	S.	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
SECHI	E E	AL EVICATE CALLESTING	A11 THE OF HILLS				YES NO
FICATE THE WOOD IN THE WOOD BE RETMEN		UNDERLYING OR	216 TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	HOW INJURY OCCURRE	D CENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ISION ERTIFIC ING TA ISHOR ISHOR	MEDICAL	CONTRIBUTING CAUSE OF		19	00.171011		
CERTITION DED	ME	WHILE NOT WHILE	21e PLACE OF INJUR STREET, FACTORY, FARM,		OCATION STREET	CITY OR TOWN	COUNTY STATE
MR WR WAR		AT WORK AT WORK					
ATE. SORV.		22a I certify that I taak char	ge of the remains described ab	love, held on Auto	psy . Impection	Inquiry an	nd in my apinion
MEDICAL EXAMINER: CUTETHE CERTIFICAT SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DEATH, WITH THE:		death resulted from Natu	ral couses A Appelent	Sweide L	. Hamicide	Undetermined manner	
CGER JOIN		ACTUAL ALIGIN	DO		Denvis (SPECHY)		4. 2. 0
CALES THE CI SHOUL SRAL D SRE, W		SIGNATURE THE SIGNATURE	sto Cour	qua	Deputy	MEDICAL EXAMINER	SIGNED 10-21-X
LEDICAL UTE THI UNERA MORE,	1	EXAMINER'S NAMEA HOUSE	to D Dodniaud	- MGD	5000 Pa1	L Ct T1	- II:11- MD
TO ME EXECU PAGE TO FUI BALTIN		(TYPE OR PRINT)			WE OUT THE STATE OF THE STATE O	burn Ct , Temp1	e nilis, MD
E P A P D A	- 4	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY
1 07.84 BP	RE	MOVAL-BURIAL	10/22/87 p	oale zedeck	memorial p		TOWNSHIP, PA.
DHMH 17	24 P	UNERAL DIRECTOSOL LEV	INSON & BROS.	,INC.	OCT.		ISTRAT'S SIGNATURE
(VR A15 ME (5))		6010 REISTERSTO	DWN RD, BALTO,	,MD 21215	001	2 7 1001	Aurana V. Verrana

06978787078707 The state of the s

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT Emilie A. Wessells Oct. 19.1987 5 DATE OF BIRTH 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH November 3, Female Caucasian TO BIRTHPLACE TATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia Prince George's County WIDOWED TO DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Largo Manor Care Nursing Home Home maker own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 CITY OR TOWN 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Pr.George's Maryland Lanham YES X 5301 Lanham Station Road 20706 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME James Henry Allen Estelle Swift Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 5301 Lanham Station Road (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Lanham, Maryland Emily A. Allen 18 CAUSE OF DEATH Enter only one cause pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE a Conditions, if ony, which gove rise to immediate cause of stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or NO 190 DATE OF OPERATION 196 CONDITION FOR WHOCH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM THE PART OR PART . HOUR AM. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ITY OR LOWN AT HOME STREET FACTORY OFFICE FARM ETC. WHILE NOT WHILE AL WORK 220 I certify that (I) (this hospital) attended the deceased from, saw the deceased olive on\_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did (did not) wew the body ofter death 226 SIGNATURE DEGREE 220 DATE SIGNED STAFF ATTENDING . PHYSICIAN RECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 236 DATE OCT 22, 1987 St. John's Epis.Ch.Cem. King George, Burial 16000 Annapolis Road 250 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

20715-3043

Bowie, MD

DHMH = 16 60M 7/B4 (VRA 15, 4)

Beall Funeral Home

BP.

d b

Mary Land are course a Sentent to a constant to the constant and the constant to the constant BOYUS SHEETEN COMMENT BUILDS A MILES OF COMMENTS Purchal Company of the second of the court o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE TE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN OF DEATH MATED 4 RACE DATE OF BIRTH IF UNDER TYR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY YEAR PRONOUNCED 10 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? NEVER MARRIED U.S.A. DIVORCED IL CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION TYPE OF WORK ZE KIND OF BUSINESS CHEVERLY RESIDENCE ALFORE ADMISSION
13c CITY OR TOWN
WASHINGTON JSUAL RESIDENCE (IF IN DE COUNTY 3a STATE 832 52nd STREET 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ANNA TAYLCR DAN WHITE 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO N.E. ( IF YES, GIVE WAR OR DATES) 428-18-7137 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one come per line for (a), (b), and the PART I DEATH WAS CAUSED BYwhithe andisvascular deser IMMEDIATE CAU DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL E. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL THE REP BATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION hread Vo DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) 200 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET FACTORY FARM ETC 1 STREEL CITY OR TOWN STATE WHILE NOT WHILE AT WORK COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Rodriguez. M.D. \_ADDRESS 5009 Rayburn Ct Temple Hills. MD TYPE OR PRINT 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFE URIAL 10-13-87 HARMONY CEMETERY LANDOVER BP 07 84 24 FUNERAL DIRECTOR BY TENER A SARBGINGRAR'S SIGNATURE ROLLINS FUNESARAL HOME, INC. (VR A15 ME (5)) 4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

169500 CT2707 CHECK THE PROPERTY.

FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

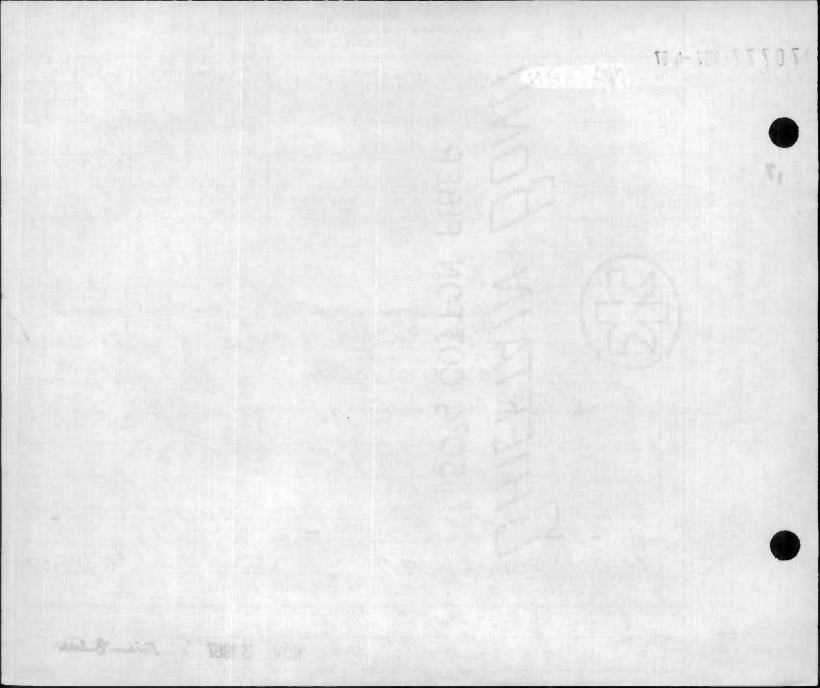
	. 0	REGISTRAR				CERTIF	ICATE OF DEATH	REG NO			
-		ASED NAME	FIRST		MIDDIE		AST	20 DATE OF DEATH MONTH	, AT YEAR	26 HOUR	
			NATH	AN AN	105 X	(41)	E	Oct 30	1981	20	201
	3 SEX	X		4 RACE		5 DATE C		6 AGE LIN YEARS LAST BIR HOAY	14 A/1 D 1 - 15	PLECTRIC A	V (P)
	1	Male		Wh:	ite	Feb.	1 1908	79 YR	S		
TO BURTHPLACE HATE REPORTER IN			76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH			
	1	Virginia			SA	WIDOWE	DIVORCED	Prince Geor	ges		MD
	10 CI	ITY OR TOWN OF DEA	HTA		HOSPITAL, NURSIN		DR OTHER INSTITUTION	17a USUAL OCCUPATION	126 KIND	of BUSINESS riangle ord	OR
		Hyattsv:	ille	3904 I	Kennedy S	treet		Ret. Auto Mech	nanic Fo	ord	
1		ryland	Prou	Georges	Hyattsv	ille	134 INSIDE CITY LIMITS?	3904 Kennedy S		20	)781
	14. FA	THERSNAME		MID IE	14-7		15 MOTHERS MAIDEN NAM	ME	, ,	20	770
		(unknow	- 1				Lizzie	MI IE	Sot	iter	
	160 WAS DECEASED EVER IN U.S. A			E WAR TRIDATES	166 SOCIAL SECU		17 INFORMANT	ADDRESS			
	VES NO OR INX N/A			N/A	578-10-0	548	Charles H. W	hite-son- (same			
		18 CAUSE OF DEATH	H Enter or	ly one cause per	per for o b and	de	+ 4	1111	BETWEEN	XIMATE INTERVAL LONSET AND DEA	1.5+
				TE CAUSE OL	arart-re	npreser	anes!	len than	) mus	uld	
				DUE TO P	RAS A CONSEQUE	NIGE OF	1 1 1x	-0.	· .		
		Conditions, if ony, gove rise to imm	nediote	61/2	eys-win	Mem	vose, up	reg	ZW	cess	
		inderlying cause	lost	DUE TO.	RAS A CONSEQUE	NCE OF	ancreas		1 m	enth	
	NO	PART 2 OTHER SIGN	APST.	ONDITIONS CO	Broken A	PEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART T		-
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDI			ITION FOR WHICH	OPERATIO	N WAS PERFORMED		70b IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
5		710 ACCIDENT WAS UND		216 TIME O		V VEAD	216 HOW INJURY OCCURR	RED CHNTER LA PER LA THE RELIANT ME			
	AL	OR CONTRIBUTING (				YEAR					
	MEDICAL	21d INJURY OCCURE		21e PLACE			211 LOCATION	ITY OR TO AS	1007	MATE	
	Z	A A RK A A A	i k	TAT HOME STA	REEL FACTORY OFFICE F	ARM ETCT					
		22a i certify that (1)	this hospi	tall attended th	e deceased from_	120	V-8 1984	10 Oct 30	1987	that I www	last
		saw the decease	ed alive an	1 view the body	29 19 8	7 01	nd that in my our apinion o	death occurred on the date and	have and from the	couses stated	d
		THENENATURE	1		1		DEGREE	/ _	22c DAT	E SIGNED	
		Mart	10/	enn	an fr 3	かの	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	Oct :	30,198	7
1		PHYSICIAN S NA			T. VI	,	77e ADDRESS			7	7
		301	III F.	Brennan	, Jr. M	)	3415 Hamilto	on St., Hyatts.	, Md.		
	23a B	BURIAL CREMATION BURI	REMOVAL al	Nov.	2, 198 <sup>7</sup> 1	ort I	EMETERY OR CREMATORY Lincoln	Brentwood	Pr. ℃Geo	rges M	d.
	24 FL	UNERAL DIRECTOR			11800	N.H	AVE 250 DATE	E RECS BY RESTRAN 250 REG			
	Hi	uneral pirector .nes/Rinald	ii Fur	neral Ho	me SIIvei	Spr	ing, Md. NOV	3 1981	Second V. Kan		

DHMH 16 60M 7 84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, after this certificate has been signe should be detached for use as the buriot-transit permit. Then p with the State Dept. at Health and Mental Hygiene prior to bur

IMPORTANT If Item 21 is marked or Item 18 sho



		١,	FOR			DEPART	STA MENT OF	TE OF M	ARYLAND AND MEI	D NTAL HY	GIENE			73	-		
68	177 OCT	-9	STATE P7-ISTRAR		N	REDICAL				-	- A	Н	REG	NO	14.0	1	
		T DE	E OR PRINT	FIRST		WIDTHE			LAST		20	DATE I	KNOWN	(X M	INIH I A		26 HOU
	ASE OR OR URS EET			HORACE		Ε.	1		HITNEY				MATED		LO 7	19 87	
	RECTOR JR FILES. 2 HOURS	3 SE		LACK	NOV 2	AY YEAR	6 AGE IN TE	AYI MOND		FUNDER 24		DATE ONOUN DEAD	ICED		LO 7	1987	6:30
	SAR YOUN	7o 8	RTHPLACE (STATE	OR .	76 CITIZEN OF			RS 8			2. 9		ORE CITY		DUNTY OF		A
	S S S S S S S S S S S S S S S S S S S	1	IRGINIA	}	UNITE	D STA	TES	WIDOW	ED NEVE	ER MARRIED DIVORCED		Prin	ce G	eorc	re's (	County	7
1	PAGE 5 FOI SERVED, WW.	10 C	TY OR TOWN OF	DEATH	II NAME OF H	OSPITAL, NU		E, OR OTH	ER INSTITUTION	ION I	120 USUAL	OCCUP	PATION	-	ORK 12b K	CIND OF BU	ISINESS
-	SS. PATE	Su	ITHAND		street-			Ave.			120	RT	ER.		Pi	2 LUA	TE
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	130 S	TATE ARY MAND	PRINCE	THER INSTITUTION	GIVE RESILIENCE 130 CITY LAYIT	ORTOWN Of Her	HTS	13d INSIDE CITY	Y LIMITS?	30 STREET	ADDRE	SSONA	LD	Roi	487	43
MD.	TH. #	14 F.	THER'S NAME		MIDDLE	-	LASJ.		15 MOTHER	ST MAIDEN	NAME	M	IDDLE	()		LAST	
ORE	PAGES ORM P ON OF	160	FORACE VAS DECEASED EV	VED INTITIS ADAM	ED FORCES?	STRIK	JGFIE	LD	A N	ANIT			ADDDE	WH	+ ITN	IEY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	IRS AFTER S GIVE PA WITH FOR DIVISION		ES NO OF THROWN	(IF YES, GIVE W	AR OR DATES)	168 300	TAL SECORT		ANN L	LOFTO	N-Mo	Ther					SED
ST., E	MIT. PI		18 CAUSE OF D	EATH (Enter only H WAS CAUSED				-lo - 1				c: _ a		\		APPROXIMATE	IN ERVAL
ON	24 H ITEM ITEM PER/ GIEN			IMMEDIATE	CHOSE TO	Multip			wounds	s (uns	spect.	riea	wea	pon)			
RES	ER BY			if any, which	1			0.									
.×	PENC AMIN OR J			to immediate	DUE TO,	OR AS A CON	ISEOUENCE	OF									
5, 201	ECUTE NI EX URIAL ND M				(c)												
ORDS	A A B C B A A A	Z	PART 2 OTHER SIGNIF	ICANT CONDITIONS <u>CO</u>	ONTRIBUTING TO DE	ATH BUT NOT RELA	IEO TO THE TERM	AINAL DISEASE	OR CONDITION (	GIVEN IN PART	1 0						
REC	OULD BE SED AS F HEALT	MEDICAL CERTIFICATION	190 DATE OF OP	ERATION	196 CON	DITION FOR	WHICH OPER	RATION W	AS PERFORM	ED?					20	AUTOPSY	
VITA	00=385	] E														YES X	NO []
90	CERTIFICATE SH ITING THE WOR DED TO THE CE 3 SHOULD BE U DEPARTMENT O PROR TO BUR	CER	UNDERLYING			OF INJURY	DAY YEA	R	OW INJURY C			L RE OF INJ	URY IN ITEM	18 PART	OR PART 2)		
SION	RIPER RIOR RIOR	DICA	CONTRIBUTING	CAUSE OF DE		EXECT 10		7 St	bject.	was s	shot.						
DIVI	AR AGI	ME	WHILE AT WORK		133012	stree	TC.)	5	4 Bran	nch Av		ITY OR TOV		rinc	COUNTY CE GEO	orge's	STATE NL
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE STANDARE, MARYLAND, 2		220 I certify th	nat I took charge	of the remains	described obo	ve, held an	Autop		Inspection		Inquiry		and in n	ny opinion		
	MINING TIFIC BE F ECTO TH TH		death resulted f	ram Natura	l causes .	Accident	. Su	orcide	Homicid	X.	Undeterm	nined ma	inner [	].			
	EXA CER CER MAR MAR		ACTUAL	MA		7			THILE (SPE	ecify) Cy Chi	of			D	ATE	10-7-	-87
	SE STE STE STE STE STE STE STE STE STE S	1	SIGNATURE	1	1	VV			D. Depart	-y C111	MEDICA	AL EXAM	INER		IGNED	10 /	
	PECUT PECUT	1	EXAMINERS NA	Ann	M. Dixo	n, M.D	•		ADDRESS1	l11 Pe	enn S	t.,	Balt	0.,	MD :	21201	
	PAF PAF —	23a B	URIAL, CREMATIO	N, REMOVAL 231	DATE				R CREMATOR		23d LOCA		2.0.	V	COLINTY	c 13	ATE
07 84 25M	BP		UNERAL DIRECTO		10-11-	0/6	ROCKI	RY	UNERA	DATE RE			FOL	GISTRA	VIR	GIN.	7/1
	DHMH = 17 (VR A15 ME (5))		LEXAND		25 - 71	RESS DA	+ AVE	35	D.C.	OOT		987	Jul	ia Di	R'S SIGNA	Kandal	<b>L</b>
	LAW DIO LAIR TOLL	ZT	- LAND	101	6 76		TIVE	UL	4.01		0	JUI	10				

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

" 1	2		100	
U	Û	3	1	-

00800	CT -	8 <sup>1</sup> 8	FOR STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	REG N	0	3 1	
en pe			EASED NAME OR PRINT	HENRY	ال	OSEPH	WIL	AST TELM	20 DATE OF DEATH	09 30		55PM M
4 moy		3 SEX			4 RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	RTHDAY	IF UNDER VEAR IF	INDER .4 HR
director hours of	10	7a BIF	ale	OR FOREIGN		asian WHAT COUNTR	Y2 8	ary 16, 1913	7 4 9 BALTIMORE CITY C	YRS.	OF DEATH	
death uneral		Di	st. of	Col.		d Stat	es WIDOWE		PRINCE G			MD
by the filed with	14	C	HEVERLY		PRINCE	"GEORGE	5 405P1	TAL CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ( Painter		126 KIND OF BUINDUSTRY Construct	
fulled in evid be	3	130 S		136 COUN Charl	TY	130 CITY OR TO		134 INSIDE CITY LIMITS?	130 STREET ADDRESS Rt. 228, Bo			20601
mpletely	10	1	THER'S NAME FIRST		AIDDIE	LAST		15. MOTHER'S MAIDEN NA FIRST Madeli	me Ine Heizer		LAST	
id co	0	160 W	AS DECE ASED E	VER IN U.S. ARA		166 SOCIAL SE	CURITY NO	17 INFORMANT Joan	E. Bealle ADDR			
Paga .	frank	N		WII	WAR OR DATES	579-01-0	845	Rt. 228, Box 177	E Wald	lorf	MD	20601
ohysicia naval			PART   DEAT	h was causei	y ane couse per BY E CAUSE (a)	-	1.0	te Carinon			BETWEEN ONSE	TAND DEATH
that the difference of the complete com					) b)_	or as a consec or as a consec						
equires n signed Then pli to burn		NO		SIGNIFICANTO				NOT RELATED TO THE TERM			N IN PART 1 o	
hos bee permit ene prior	4	CERTIFICATION	190 DATE OF OP	ERATION	196 COND			N WAS PERFORMED	200 AUTOPSY?	206 IF YES	WERE FINDINGS	
CIAN TI physicie printicate ol-transit nto! Hygis	4	- 1	210 ACCIDENT WAS	-	TH HOUR A	DF INJURY M MONTH	DAY YEAR	21¢ HOW INJURY OCCUR		IRY IN SEM 18 PA	RP PART.	
G PHYSI of this ce the burn ond Mer	/	MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY REET FACTORY OFFICE		21f LOCATION STREET	CITY OR TO	OWN	OUNTY	3TA I
prtol or of TOR Aft for use as of Health 21 is mor			220 1 certify the		0 0 -			nd that in (my) (aur) opinian	Z ta 9-3 death accurred on the d	late and havi	and from the cou	ses stated
AL OR A  7 the hos AL DIREC detoched ote Dept JT: If Item	В		ZZE-SIGNATURE	Low	Cle	Tuber	a 1	DEGREE ATTENDING PHYSICIAL	MEDICAL STA	FF CIAN []	220 DATE SIG	NED - 87
etoined by TO FUNER should be ow the the Sign			THE PHYSICIAN	Louis	-		,	220 ADDRESS & 4 9 2	Landorer	Rd	Lands	ver regs
			URIAL, CREMATIO	ON, REMOVAL	236 DATE	23	NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	TATE
BP		B <sub>1</sub>	rial NERAL DIRECTO	P	10/05/87		2	Veteran's Cemete	eryCheltenham	25h PEGISTI	PAPS SIGNIATURE	
DHMH 16 60M 7	B4	24 10	NAME	The H		eral Homa,			(T () 5 4007	1		
(VRA 15, 4)			P.O. Bo	x 156	Waldo	orf 1	MD	20601-0156	0100 198/	Stanzar	- GO	1774

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W PRESTON ST

## STATE OF MARYLAND DEP

RTMENT	OF HEAL	TH AND	MENTAL	HYGIENE	1
CE	RTIFICA	ATE OF	DEATH		,

	REG NO				
_	20 DATE OF DEATH MONTH	DAY	YFAR	26 HOL	JR
	OCTOBER	10	1987	11:	55 /
	6 AGE (IN YEARS LAST BIRTHDAY)	IF LAN	I IER I FAR	IF UNDER	R J HR
	65 YRS	-0-1	Ar	HC - R	MIN
	DALTIMORE CITY OR COUNTY	VOCI	DE A TAL		

DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
CLAUDE	PAUL	WIL	LIAMS	OCTO	BER :	10 1987	11:55
SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF IN IER I FAR	IE INDER-4H
Male	White	09-	16-22 YEAR	65	YRS	Ar I	HC K M
BIRTHPLACE IS TATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARDIE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
Missouri	U.S.A.	WIDOWE		Prince G	eorge	's Coun	ty
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND O	F BUSINESS
Wilitary Install.			ase Hospital	Retired			
JOUAL RESIDENCE OF NURSING HOME OR 30 STATE 131 COUN Quee:		N		Rt. 4 Bo			20
FATHER'S NAME	MIDDLE FAST		15 MOTHER'S MAIDEN NAM			IA!	
60 WAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRE	55		
Yes NO OR UNKNOWN Reti	red 63 489-28-	9764	Edith Sparks	Williams	88	ame as a	above
	ly one cause per line for (a), (b), and D BY. E CAUSE (a)CARDIORES		Y ARREST				MATE INTERVAL INSET AND DEA
Conditions, if any, which gove rise to immediate cause oil, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b) CARCINOMA  DUE TO, OR AS A CONSEQUE  (c)	OF T	HE HYPOPHARYNI	X			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

FICATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
RII				YES NO	YES [	NO []			
CAL CER	210 ACCIDENT WAS UNDERFYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	O (ENTER NATURE OF INJURY IN ITEM THE PART OF PART).				
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION	HYORTO	NWN	TAIL			
	AT WORK AT WORK								

WORK ALWORK
ol certify that the (this haspital) attended the deceased from 24 SEPTEMBER 1987 to 10 OCTOBER 1987 that I we las
saw the deceased alive on 10 OCTOBER 19 87 and that in (my) lour) opinion death accurred on the date and have and train the causes stated
above, (1) (way (did) (did not) view the body after death

saw the deceased alive or above, (1) (we) (did) (did no	TU OCTOBER 19 0 ( , and	I that in (my) (our) opinion death accurred on the date and hou or	nd from the couses stated
735.51GNAT(189)	DI	EGREE	220 DATE SIGNED

above, (1) (wext (did) (did n	nat) view the bady after death					
735.51GNAT(189")	7 / .	DE GREE				22c DATE SIGNED
1 1/1 //	11- 14	1100	ATTENIDING	AAEDIC AI	22 4 7 2	1,000

220 PHYSICIAN'S NAME (Type OR PRINT)		77e ADDRESS	
2 1/2/1	(TIT/L	02/11/	NATO MA
JOHN D. TERLETHA.	SIII	redition lands from non	And 9 1000 111
JUNIO B. DALLINI,	011.11	MEME GAATE MD.	190331-2300

JOHN A. SALTH	r, 5/1/19	Meme GAAFE MI	. 20331-5300 U
230 BURIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION
Burial	10/14/87	Church Hill Cemetery	Church Hill Q

DHMH 16 60M 7/B4

orked or Item

IMPORTANT If Item 21 should be detached for with the State Dept of

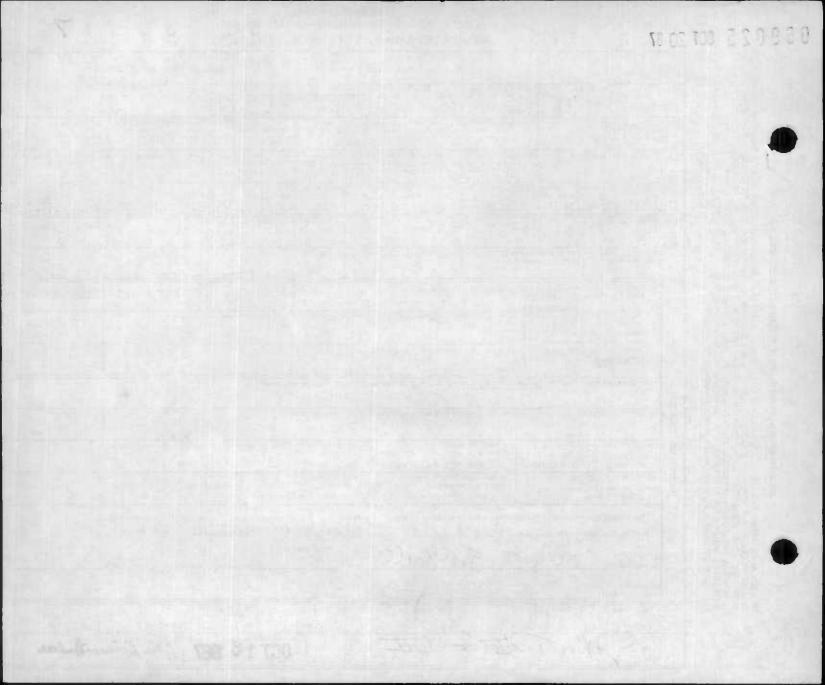
(VRA 15, 4)

Tom Helfenbein Funeral Home, Church Hill, MD 21623

Church Hill Cemetery Church Hill MD

Charles Inglood acres percent and trace the contract one Bone Bone to be at the contract of COURS SEC EQUIT LOS SECURIOS DE LOS SECURIOS DE LA CONTRACTOR DE LA CONTRA THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 069025 OCT 20 87 ISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN TYPE IR PRINTS OF WILLIAMS DEATH MATED X 7-- 2-87 JAMES 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY PRONOUNCED May 20, 1937 50 YRS Male Black DEAD 9-28-8719 Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TI NEVER MARRIED Virginia Prince George's County USA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Livingston Road 15624 Accoheek Mover 13d INSIDE CITY LIMITS? 13e STREET ADDRESS df Columbia District Washington YES X 4233 Barnaby Road, S.E.Apt 15 MOTHER'S MAIDEN NAME D.C. FIRST J.C. Williams Stroble Ruth 166 SOCIAL SECURITY NO. 17 INFORMANI ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 225 44 9371 Michelle Parran-daughter-6896 Walke: 18 CAUSE OF DEATH (Enter only one couse per line for (a), b), and (c) Mill Road, Capitol Heights, Md ... PART I DEATH WAS CAUSED BY Shotgun wound of torso IMMEDIATE CAUSE (O. MANER: THIS CERTIFICATE SHOULD DE L'ACTUMENTE ALONGERE, WRITING THE WORD "PENDING" IN PENCILINMENTE BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON ET ORR. PAGE 3 SHOULD BE USED AS A BURRAL. RANSIT PER THE TATE DEPARTMENT OF HEALTH AND MENTAL HYGIETH THE STAME BRIDGERED BURRAL, CREMATHON, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XI NO [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR P.M. unknown subject found shot CONTRIBUTING [ CAUSE OF DEATH 21d INJURY OCCURRED TE PLACE OF INJURY (AT HOME CITY OF TOWN föund in a wooded area WHILE DOT WHILE 15624 Livingston Rd. Accoheek, Maryland EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGETE DEATH, WITH THE STY BATTIMORE, MARYLAND, 2 Autopsy X 220 I certify that I took charge of the remains described above, held an Homicide X death resulted from: Natural causes Accident Suicide Undetermined manner ACTUAL 9-28-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. DADDRESS 111 Penn Street TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 13.1987 Lee's Crematorium Cremation Oct. Washington. D.C. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR Home-4001 Benning Road (VR A15 ME (5))



069

6

FOR STATE

# STATE OF MARYLAND

$\sim$		REGISTRAR		CERTIF	ICAR OF DEATH	REG. NO				
		EASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		YEAR	2h HOUR	
2	3 8	7 Virg	inia Elizabeth	ia Elizabeth WILLIAMS		October 16, 1987			7:28 P <sub>M</sub>	
-	3 SEX		4 RACE	5 DATE (		6 AGE (IN YEARS LAST BIRT	HDAY IF	NDER FAR	IF IN SER . I HE	
		Female	Black	Mar		87	YRS			
)		RTHPLACE   ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9 BALTIMORE CITY O				
		N.C.	U.S.A.	WIDOWI	DAVORCED		e Georg	e's	MD	
18.8	100	iy or town of death Lanham	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACILITY, GIVE STREET A Doctors Hospita		Pr. Geo. Co.	170 USUAL OCCUPATION IN THE OF WORK FOR MOST OF RETIRED		IZE KIND O	A.	
1	USUA 13a S	AL RESIDENCE TIF NURSING HOME OR TATE  D. C. 13b. COUNTY OF THE NURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE UTY 130 CITY OR TOWN Washing	N	13d INSIDE CITY LIMITS? YES A NO	STREET ADDRESS / 4601 Jay		.E.	20019	
1		THER'S NAME FIRST SOLOMON	MIDDLE LAST		Maggie	WIDDLE	Oat	es	л	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	840PPRE	Thornh	erry	Dr.W.	
3	( )	NO	579-09-	7097	Odie Willia	ams, Jr	Unner	Marl		
		PARTI DEATH WAS CAUSED BY IMMEDIATE CAUSE to) CARDIO Pulmoning Amost  Oue TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse tol. stating the underlying cause lost  Oue TO, OR AS A CONSEQUENCE OF  Oue TO, OR AS A CONSEQUENCE OF								
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY?	206 IF YES, W IN CERTIFYIN YES T	ERE FINDIN	NGS USED	
1	MEDICAL CERT	saw the deceased alive on	P.M.  21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE FACTORY OF	19 ARM ETC / 7 , o	216 HOW INJURY OCCURR 211 LOCATION STREET  19  19  DEGREE  ATENDING	CITY OF TO	WN 19_19_tte and hour an	PRPAR!	that ill (we) fast couses stated	
/		220 PHYSICIAN'S NAME (TYPE C			22e ADDRESS	uel Bow		100	uel MD	
		URIAL TREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION  LANDON	ER P	G, A	1). TATE	
	24 FU H.	INERAL DIRECTOR S. IN MSHINGTON	+ SONS 4925 B	URRO	UGUS AVE. N.E.	CT 2 2 1987	final	hidden	Handre	

DHMH 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

BP.

MPORTANT If Item 21 is morked or Item 18 show

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

15 187 STATE  CERTIFICATE OF DEATH  REG. NO.									, ,	*	
П	1 DECEASED NAME FIR		WI	DDLE	ī	AST		20 DATE OF DEATH MO		YEAR	26 HOUR
		Izis		T	u	Jilson		R	0 - 7-	87	pc5 pm
1	3 SEX		4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHD)	WONT	HE DATE	HOURS MIN
	f	2 male	Whi	te	11	3	1907	79	YRS		
1		OUNTRY STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	D NEVER MA	RRIED -	BALTIMORE CITY OR C	OUNTY OF	DEATH	
	10.00	Maryland	us		WIDOWE	LEI	RCED [	Prince 6	CONG	e 5	MD
	1	TY OR TOWN OF DEATH		DSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITU		120 USUAL OCCUPATION	ORKING LIFE)	26 KIND O NDUSTRY	F BUSINESS OR
4	Low	AL RESIDENCE (IL NURSING HOME O	Magnoli	ia Gar	dens	Munsin	HOME	HOUSELVIE	<b>5</b> .	- steed	
	13a S	TATE 13b COU		3c CITY OR TOW	N	13d INSIDE CITY	(IMITS?	13. STREET ADDRESS / ZI		Rd	9-2-6
2	14 FA	THER'S NAME	22040631	hanhan	74	15 MOTHER'S M			1//6	Mar	20100
		RICHARD TI	RAVIS	TAYLOR		EN	1 MA	MIDDLE	u	JILL IAST	MS
7		AS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS		7	
	(4	ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES]	218-16-7	406-A	DIXIE	KAIM	UND - SAME A	3 13	a.b. (	c.d. P.
		18 CAUSE OF DEATH (Enter a	nly one couse per li	ne for rai, (b), and	d re	e e				BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSI IMMEDIA	ED BY (TE CAUSE (a)	Ur	asep	515					
-1		DUE TO, OR AS A CONSEQUENCE OF									
-1		Conditions, if ony, which	( b)								
-1		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause lost	(()								
	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							ON GIVEN I	N PARI 1 c	1
0	CERTIFICATION	190 DATE OF OPERATION			HICH OPERATION WAS PERFORMED			200 AUTOPSY?  20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
4	TIF	N/A						YES NO NO	YES [	CAUSES	NO []
7	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY MONTH DA	VEAD	21c HOW INJU		ED LENTER NATURE OF INJURY IN	ITEM 8 PART	OR PART 2	
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19		NI	A			
	MEDICAL	21d INJURY OCCURRED	21e PLACE O	FINJURY T FACTORY OFFICE FA	4 Day 57/ V	211 LOCATION		IIY OR TOWN		COUNTY	HATE
	2	AT WORK AT WORK	(A) NOME STREE	T PACTORT OFFICE PA	ARM EIC	/					
		220 1 certify that (1) this hasp	ital ottended the	deceased from_	5 -1	1/27	19 4 1	_, to 10 - 17	. 19_	87	that (I (we) last
		saw the deceased olive or abave, (1) (we) (did) (did no	ot) view the body of	fter death,	t i ar	nd that in (my) (or	ur) opinion d	leath occurred on the dote	and have and	d from the	causes stated
		226 SIGNATURE	1.	/ /		DEGREE	ENIDING	MEDICAL		22¢ DATE	SIGNED
		there IV.	400	ATTENDING APPLICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				1 🗆	10 -	7-87	
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS	0	enbelt Rd	Pack	100	1 mal
4		200 11. 40	610000	10-1	1-87	10300			2600	,, , ,	2///
	23a B	URIAL CREMATION REMOVAL SPECIFY BUTIAL	10/10/8	7 Si	innyri	EMETERY OR CRE	etery	Crisfield	Son	erset	ild.
		INERAL DIRECTOR		ADDRESS .	13 6	a da Pr	25a DATE	REC D BY REGISTRAP 756	REGISTRAR	'S SIC MAT	
	B	radshaw & Sons	Cris	field, 1	4d. 2	21817	UU	14 198/ 34	Then the		

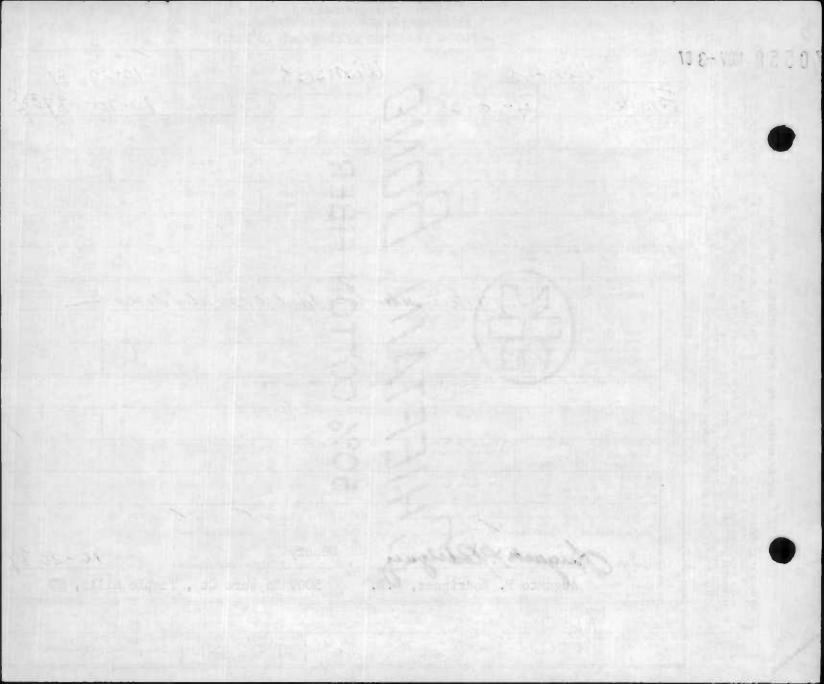
DHMH = 16 60M 7/84 (VRA 15, 4)

etoined by the hospital or

BP.

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN ESTI VITHIN 72 HOURS DEATH MATED 4 RACE IF LINDER 24 HRS DATE RONOUNCED DEAD To BIRTHPLACE INTATE OR ITIZEN OF WHAT COUNTRY? North Carolina II CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 176 KIND OF BUSINESS Prince George Hospital OR INDUSTRY None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Washington, 635 Edgewood Street, N.E. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Samuel Perry Elnora Daniels 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 237 36 5428 Charlene Wimbish-daughter-5439 16th Ave 18 CAUSE OF DEATH (Enter anly ane cause per Vive far, rot, (b), and (c). PART I DEATH WAS CAUSED BY plustes andiovocala decem DUE TO, OR AS A COD SEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last E USED AS A BUR F OF HEALTH AND URIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARBED TO THE CANAGE 3 SHOULD BE U 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 71e PLACE OF INJURY 21 LOCATION STREET, FACTORY, FARM, ETC 1 STREET WHILE AT WORK CITY OR TOWN COUNTY TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STATEMORE, MARYLAND, 212 Inspection 220 I certify that I taak charge of the remains described above, held an Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct . Temple Hills, MD 230 BURIAL, CREMATION MOVAL 236 DATE 234 NAME OF EMETERY OR CREMATORY 23d LOCATION Burial Harmony Memorial Park Landover, Maryland Sa DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (5) Fineral Home-4001 Benning



rector page 3

DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	LEDE / 3 0 5 2 1	
PRS MIDDLE	WOOD	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 4.04	PM
White	S DATE OF BIRTH  MONTH  S -18-19/3	6 AGE (INYEARS LAST BIRTHDAY) H LINDER VEAR IF INLER JAHR	_
OREIGN 76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George's	MD.
TH 11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACULTY, GIVE STREET A		126 USUAL OCCUPATION [Type of york york york york to Keal Estate] [Real Estate] [Real Estate]	R
ng Home or other institution give residence before 13t COUNTY Charles Hughsvi	11e YES NO X	Agent  13. STREET ADDRESS / ZIP CODE  Rt.#1, Box 466/20637	
MIDDLE LAST  Wood IN U.S. ARMED FORCES? 166 SOCIAL SECUL	15 MOTHER'S MAIDEN NA. FIRST  Nellie  RITY NO. 17 INFORMANT	Virginia Ferguson	
WWII 213- 02	2-80/ Berry J. Woo	TREE TOOLO TREE ZOTTZ	r =
H Enter only one couse per line for the couse AS CAUSED BY  IMMEDIATE CAUSE (0)	PIRATORY	ARREST BETWEEN ONSET AND DEATH	-1
which hediote g the lost (c)	SECLEOFTIC CA	STRUCTIVE LUNG DISENSE  REMOVASCULAR DISENSE	_
HIFICANT CONDITIONS CONTRIBUTING TO C	STAXIS, HYPE	INAL DISEASE OR CONDITION GIVEN IN PART TO	
	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	
AUSE OF DEATH AL EXAMINER)  71b TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART   DEPART ,	
2 PLACE OF INJURY (AT HOME STREET EACLORY OFFICE FA	IRM, ETC.)	ITA VINUO (III)	
(this hospine oftended the deceased from	ond that in (my) (our) opinion	to 19 that II precladeath occurred on the date and hour and from the couses stated	ost
ushe	DEGREE M.D. ATTENDING PHYSICIAN (	MEDICAL STAFF 10/1/87	7

22d PHYSICIAN'S NAME

. MISHRA 236 DATE

230 BURIAL, CREMATION, REMOVAL Burial

175 SIGNATURE

10/14/87

23¢ NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery Clinton (Pr.Geo's

Richard A. A. Coleman Home (VRA 15, 4) Funeral

FOR - STATE REGISTRAR LEASED NAM

(TYPE OR PRINT)

70. BIRTHPLACE

Maryland CITY OR TOWN OF DEATH

Maryland 4 FATHER'S NAME

IS ATE OF FOREIGN

136

USUAL RESIDENCE (IF NURSING HOME OR O

Joshua 160 WAS DECEASED EVER IN U.S. ARA IYES NO OR UNKNOWN Yes

> 18 CAUSE OF DEATH Enter onl PART I DEATH WAS CAUSED

Conditions, if any, which gave rise to immediate cause oi, stating the

underlying couse lost

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEAT

( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WORK 220 I certify that (1) (this flower saw the deceased alive on

3 SEX

Upper Marlboro, Md. 20772

DHMH = 16 60M 7/84

BP.

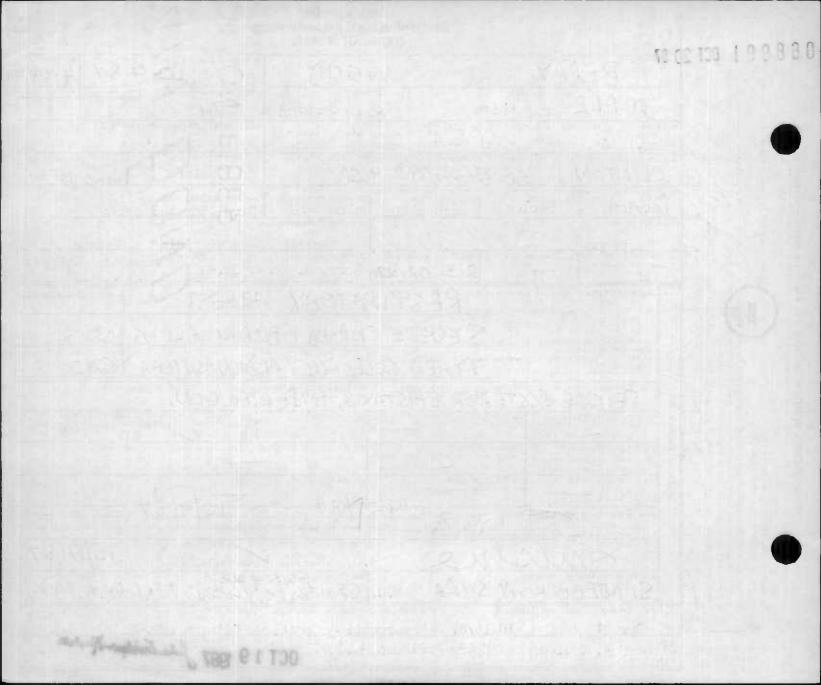
prior to burn

00

IMPORTANT If Item 21 is morked or

CERTIFICATION

MEDICAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 068158 OCT -9-87 ATE DECEASED NAME O DATE KNOWN TYPE OR PRINT Walter DEATH MATED 6 AGE INTEARN IF UNDER 1 YR IF UNDER 24 HRS DATE Male Caucasian 11/27/50 36 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland Prince George's County DIVORCED -4 mi. S. of BW Pkwy Greenbelt Parts Person Lin. Mer. Auto 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland P. G. Laurel 231 Red Clay Rd #302 15 MOTHER'S MAIDEN NAME Woolgar Ireland Frederick Margaret 16h SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joyce L. Woolgar No 213-56-0450 Same as 13 A-E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATIRE OF INJURY IN ITEM IS PART OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR Self inflicted CONTRIBUTING CAUSE OF DEATH 7:30AM TE PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET FACTORY FARM ETC ) Interstate 95, 1/4mi. S. of BW Pkwy. WHILE AT WORK road EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that took charge of the remains described above, held an ) Natural courses death resulted from Accident Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10-6-87 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Charles P. Kokes, M.D. 230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY Burial 10/09/87 \$t. James Episcopal Ch. Cem Lothian Anne Arundel Md. 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR ALS ME 663B Old Alexander Ferry Rd Clinton, Md 20735

# STATE OF MARYLAND TOPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

10	63	7.5	
NO.			

	90	de		
	Q.	ě		
	ŏ	aft		
	ect	un la		
	Ď	00		
	0	-		3
	ji.	E	9.5	3
Z	3	ë	_	1
4	2	3	5	9
J	£	D	1	4
	by	4	and the	8
	5	e e		0
	e <sub>q</sub>	D	100	-
	3	5		Ę
	>	Sh	,	9
	ete	0	1	1
	0	Z	6	- 6
	80	0	-	u d
	Ö	50		0
	ng	196		7
	0	۵		E
	ō	50		9
	1510	d	0	
	J.	Q.	0	6
	9	9	en	0
	C.F	9	0	+
	N.	0	c.	8
	199	Ive	0	
	0	B	0	3
	+	0	en	q
	2	50	Ü	+
	0	eo	0	1
	90	0	5	>
	5.0	Je	0	-
	C	-	-	5
	90	J.	2	0
	15	60	Q.	0
	h	0	en	-
	te	USI	6	-6
	00	0	I	O
	=	-	0	8
)	Ce	35.30	en	-
	50	۵	2	è
	-	he	0	7
	te	25	h O	ړ.
	⋖	0	-	8
	8	CS	H	4
	01	Ö	di-	0
	EC	P		8
	SIR	he	de	-
	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by 🍴 🔭 old director. pag	I be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed with Thours after de	he State Dept. of Health and Mental Hygiene prior to burial, cremotion, a removal	27 ANT. If hem 21 is married on fem 18 shows one continue or other frommeter event the medical event has married to making the married to
	A	de	tot	5
	4	e c	S	4
	5	73	4	0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		CEASED NAME	FIRST	A	AIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAT	YEAR	2b HOUR
	{ TYPE	DOR	OTH	Y FRAN	CES de	CHAN	TAL WOODS	OCTOBER 1	13 19	87	2:45P
-1	3 SEX			4 RACE	020 00	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYPAR	II NINR LIHRS
	Fe	male		Caucas	sian	July	6, 1908 YEAR	79	YRS	VIHS DAY	HOURS MIN
-		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	2 8		9 BALTIMORE CITY O		FDEATH	
		aryland		U.S.A		WIDOWE	D NEVER MARRIED D	Prince (	George!	S	MD
		TY OR TOWN OF DEA	(TH			ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND OF	F BUSINESS OR
Ś		Lanham					Pr. Geo. Co.	Bindery	orker	Print	ing
=	USUA 13a S	AL RESIDENCE (IF NURS	13b COUN		13c CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
		aryland	Princ	e Georg	e's Bo	wie	YES 🔀 NO 🗌	8627 Park	Ave.,	2071	. 5
/	I4 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			n AST	
	CI	arence			Chaney	/	Martha	Ellen		Beall	
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITYNO	17 INFORMANT	ADDRE			
٦,	No				577-16-	-1051	Norma T. C	lark, Same	as Lin	e #13	
		18 CAUSE OF DEATI	H (Enter on	ly one couse per	line for (a), (b), a	ind y	- 0.	\$1		APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
		PART I DEATH W		E CAUSE (p)	11CV6	NAC	arres	7			
				DUE TO O	R AS A CONSEQU	UENCE OF		010	./. 5	/	
		Conditions, if ony,		( ıb)	Olutiti	11 6	MISICE ON	Che la	160.6	1	
		gave rise to imm		DUE TO O	R AS A CONSEQU	UENCE OF		/			
	underlying couse lost										
J	_	PART 2 OTHER SIGN	NIFIGANT C	ONDITIONS CO	ONTRIBUTING	DEATH DUT	NOT REPATED TO THE TERM	INAL DISEASE OR CON	BITION GIVEN	IN PART 1 o	1 1
	CERTIFICATION	STVO	The .	Ke	nel	10	relove,	Dispens	-( 1	C-4-6 FO	- acuit
)	ICA	19a DATE OF OPERAT	INON	196 CONDI	TION FOR WHIC	H OFFRATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY!	WERE FINDIN	GS USED  OF DEATH?
C.	RTIF							YES NO	YES		NO 🗌
2		210 ACCIDENT WAS UND	_	1 POUR A.	finjury m. month (	DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 8 PART	ORPART 21	
	MEDICAL	(IF EITHER NOTIFY MEDIC	CALEXAMINER		M.	19					
	4ED	21d INJURY OCCURR		21e PLACE	OF INJURY	FARM ETC I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	MATE
	~	A WORK AT WOR	RK .			1/3/	15 01	1 10.	1/2	an	
		22a I certify that (1)		tol) ottended th	e deceased from	N/	. 19	, to	19	1	that (I (we) list
		obove, (1) (we) (o		1) view the body	ofter death	1 . 01	nd that in (my) our) opinion	death accurred on the de	ate and hour o	and from the c	ouses stated
		226-SIGNATURE		100	all.		DEGREE	/		220 DATE	SIGHED /
		A) M.	7	1 con	au		ATTENDING PHYSICIAN	MEDICAL STAI		1/	11387
/		22d PHYSICIAN'S NA	AME (TYPE O	RPRINT)	I ned To		22e ADDRESS		1 /	2	11.00
		SULVI	F	CHO?	V (US) 67	***	Mo4 Cus	in alla.	78. F	revay	( a seguir
		URIAL, CREMATION,	REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		CHAITY	STAIR
		urial		10-16-	87 F	t. Lin	coln Cemetery	Brentwoo		i. Ma	ryland
	24	RANCIS C	ACCI	IC CON			25a DAT	E OCTBY REGISTRAR	256 REGISTRA		JRE
	11	739 Baltim	ore A	15 5UN	s FUNEI vattsvill	C Mar	OME, P.A.	1 0 19	Pl Gulia	Divides	milendage
	-	·			,		7				

DHMH = 16 60M 7 /84 (VRA 15, 4)

BP.

